A Qualitative Exploration of Burnout and Self-Care among Novice Psychotherapists

Lydie Masengo

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University of Ottawa

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Abstract

A gap exists in the literature exploring the burnout and self-care experiences of novice psychotherapists, despite their greater susceptibility to burnout. The aim of the present study was to begin filling the gap by exploring the lived experiences of burnout among novice psychotherapists and the self-care strategies they employed to combat burnout. Three research questions guided this exploration: (1) How do novice psychotherapists experience burnout? (2) What strategies do novice psychotherapists use to overcome their burnout? (3) How has novice psychotherapists' self-care strategies changed as a result of experiencing burnout? Four novice psychotherapists were interviewed using a semi-structured interview protocol to gain an insight into their experiences. Using an inductive approach to Thematic Analysis, six main themes, thirteen categories and twenty-eight codes emerged. The six themes were the following: (1) The experience of burnout, which was divided into three categories and included nine codes (2) The strategies employed to combat burnout, which was divided into two categories and included seven codes (3) The meaning of self-care, which was divided into two categories and included three codes (4) Ethical considerations, which was divided into three categories and included three codes (5) Recommendations, which was divided into two categories and included five codes and (6) Looking ahead, which was divided into one category and included one code. Burnout is a debilitating experience that impact personal life, client care, and society. Discussion includes implications for novice psychotherapists, pedagogy and practice, and society.

Keywords: burnout, self-care, novice psychotherapists, client care, pedagogy

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Chapter 1: Introduction

Providing therapy as a profession can be rewarding. Farber, Manevich, Metzger, and Saypol (2005) suggest that providing therapy does not only offer intellectual stimulation, but also does the following: offers therapists the opportunity to understand themselves and others; allows them to have authentic, genuine, and intimate involvement and interactions with others; fosters professional autonomy, like evolving theoretically and technically; and could also provide personal meaningful and impactful work. However, the nature of work that entails therapy can be costly. For example, Maslach (1978) explains that "the intense involvement with clients required of professional staff in various human service institutions includes a great deal of emotional stress, and failure to cope successfully with such stress can result in the emotional exhaustion syndrome of burnout" (p. 111). This vicarious exposure exposes them to being vulnerable in the therapeutic caring process (Sansó et al. 2015), exposing them to a greater vulnerability to distress and burnout. Findings from several studies indicate that working in the human services field put workers at a higher vulnerability to stress than occupations involving products (e.g. Cherniss, 1980; Farber, 1983; Turnipseed, 1998). Likewise, studies by Knudsen, Roman and Abraham (2013) and Mor Barak, Nissly, and Levin (2001) suggest that novices in the human service sector, in particular, are at a higher risk of emotional distress. The chronic prolonged efforts in helping clients can put them at a greater risk for neglecting their own personal self-care needs.

The literature defines self-care as any proactive behaviours or actions an individual chooses to engage in to improve good health and general well-being (Sherman, 2004). Thériault, Gazzola, and Richardson (2009) suggest that if the stress experienced by novices is not addressed, it may become the burnout of the seasoned clinician. Although past research indicates

that oftentimes, experienced mental health practitioners use various self-care strategies in areas such as awareness, balance, flexibility, physical health, social support, and spirituality (Posluns & Gall, 2019), a gap exists in the literature on novices' experiences.

Therefore, the purpose of this study was to explore the subjective experiences of burnout and self-care strategies among novice psychotherapists. More specifically, how they pursue early prevention and intervention, which are essential for them to provide high-quality care to clients and reduce unnecessary economic costs to society. To address this purpose, research questions were: (1) How do novice psychotherapists experience burnout? (2) What strategies do novice psychotherapists use to overcome their burnout? and (3) How has novice psychotherapists' self-care strategies changed as a result of experiencing burnout? Participants included four practising psychotherapists with experiences ranging from one year to almost five years. They were interviewed using a semi-structured interview protocol with questions about their personal experiences of burnout, the self-care strategies they employed to manage and prevent burnout and lessons learned. Thematic analysis was used to analyze the data.

The present thesis is divided into four overarching chapters which serve a specific purpose. Chapter 2 is a review of the literature, situates the present study within previous literature, and highlights gaps in the literature. Chapter 3 explains the study's methodological approach to give a background on how the study was conducted, including how the data was collected and the method of analysis. Chapter 4 presents the findings and shares the results of the present study. The final chapter, Chapter 5, offers an analysis of the main research findings and discusses the implications, limitations, strengths and suggestions for future areas of research.

Chapter 2: Review of the Literature

Distress

Every human experience stress and it is a reaction to a situation (Canadian Mental Health Association, 2016), to a capacity at various times over the course of life, and it can bring various changes relative to each individual. As cited by Barnet and colleagues (2006), stressors may include financial and relationship difficulties and breakups, deaths of loved ones, chronic illness, and other stressors experienced by individuals throughout their lives. A Statistic Canada report on the main sources of stress among workers reported that over 6 in 10 highly stressed workers identified their work as their main source of stress, above financial, not having enough time, family, personal, and other concerns (Crompton, 2015). Moreover, the Mental Health Experience in Canada's Workplaces survey found that the primary source of mental health issues or illness reported by Canadian workers is workplace stress (Mental Health Commission of Canada, 2018). Workplace stress is defined as the harmful physical and emotional responses that a worker can feel when experiencing a conflict between his or her work demands (generally high demands) and the amount of control (generally low amount of control) he or she has over meeting these demands (Canadian Centre for Occupational Health and Safety, 2021). Research indicates that the nature of stressor (Miller et al., 2007) and one's personality and temperament can influence his or her stress response (Ciarrochi et al., 2002) and that their coping strategies with stress is a significant factor in the stress response (Van der Klink et al., 2001). However, unresolved stress can accumulate and lead into the realm of distress. Distress is defined as a subjective emotional reaction in response to challenges, demands in life, and stressors (Barnett et al., 2006). Distress can manifest as anxious or depressed moods, somatic complaints, lowered self-esteem, and feelings of confusion and helplessness (Prochaska & Norcross, 1983).

Mental health practitioners, just like the general public, experience fluctuating mental health functioning according with their life demands (Good et al., 2009). Their developmental progression of career stresses starts from internship, which has been associated with numerous stressors (Solway, 1985). These include; the process of developing a sense of oneself personally and professionally; experiencing confusion on work tasks and demands; and questioning one's competence in the position (Kaslow & Rice, 1985), while being evaluated by their supervisors (Solway, 1985). Moreover, as they prepare for competent practice during internship, they also have to manage having any remaining coursework assignments to complete and submit on time. In addition to clinical stressors, others may have thesis and dissertation that they need to simultaneously continue to progress on, so they could graduate on time. A study by Brooks, Holtum, and Lavender (2002) found that compared with a normative sample, 24% of psychology trainees in their study got significantly higher scores on anxiety, depression, adjustment issues, and self-esteem. Other sources of personal stressors may include having to maintain a social life and working to pay bills. In early career, work stressors may include balancing seeing clients and being a business owner in private practice; starting a career with others who may be more experienced in the field; and feeling incompetent among them, and dealing with expectations as a professional now and no longer a student. In the middle of their career, stressors may include continuing to run a successful practice and career; seeking tenure, promotion, and notoriety in the field. In the later part of their career, they can face dealing with their own declining health and whether they can provide competent practice. In all of these stages, they might experience work stressors such as business issues including high levels of paperwork; ethical issues like obligations regarding duty to warn; isolation inherent in profession like feeling isolated due to the solitary nature of work; and the act of performing therapy like countertransference issues

(Sherman & Thelen, 1998). They have to manage these work stressors in addition with personal major life events such as problems in close relationships and a major personal illness/injury, which were reported to cause the most distress and impairment (Sherman & Thelen, 1998). The nature of their work brings a series of work-related stress like being highly expected to have personal and professional resiliency and self-healing skills (Skorina, 1982) and can lead to distress irrespective of developmental stages they may be in, as clearly explained by Spicuzza and De Voe (1982):

> The very nature of helping, which involves balancing the issues of caring and objectivity, attempting to be flexible and spontaneous, listening and reacting to an array of problems, and rendering difficult decisions, continuously places workers in stressful positions that can easily develop into distressful situations. (p. 96)

Thus, despite the mental health professionals' training as well as knowledge of the research and insight from therapy, they are not particularly protected from psychosocial ailments experienced by any other human in other fields (Good et al., 2009). For example, a study found that one third of psychologists reported having felt suicidal and a few attempted it (Pope & Tabachnick, 1994), raising the importance of both preventative and intervention coping measures.

The Cost of Distress on Client Care

Based on influential models of psychotherapy, the therapist's mental health is viewed as the foundation of the therapeutic work (Sherman, 1996). Clinicians often rely on their emotional and cognitive reactions to clients and use their objectivity and ability to perceive situations clearly as tools in their work (Sherman, 1996). Lawson, Venart, Hazier and Kottler (2007) describe *well* counsellors as those who have balance in the multiple aspects of their lives as they

model wellness by personally living it and thus, are able to provide high-quality care to clients. *Stressed* counsellors can deal with their stresses in a manner that does not affect their therapeutic sessions. However, *distressed* counsellors may not be able to cope with external stressors, resulting in their stress interfering with the counselling process. Thus, mental health practitioners' level of distress and management strategies are important when dealing with clients. In this case, when they inappropriately or ineffectively manage their distress, they could be at a greater risk of impairment. That is, if the inappropriate or ineffective avenues to deal with the distress lead to further issues, they may become impaired in their work tasks.

Sherman and Thelen (1998) define professional impairment as "the interference in ability to practice therapy, which may be sparked by a variety of factors and results in a decline in therapeutic effectiveness" (p. 79). Lawson and colleagues (2007) also found that mental health practitioners who are impaired have become very distressed which may have detrimental effects on both their personal and professional lives. Personal problems like marital difficulties or depression can interfere with their ability to use their key skills effectively, resulting in reduced therapeutic effectiveness (Sherman & Thelen, 1998). A number of older studies have reported this phenomenon, including finding a positive link between mental health practitioners' personal adjustment and positive changes on the Minnesota Multiphasic Personality Inventory in clients (Garfield & Bergin, 1971) and the interference of mental health practitioners' personal problems on work functioning (Guy et al., 1989; Wood et al., 1985). A survey on counsellor wellness and impairment found that counsellors who were experiencing stress and burnout were not able to offer the highest level of counselling services to their clients, and were likely to experience a loss of quality of life in several domains including social, emotional, physical and spiritual wellness (Lawson, 2007). In another study of psychologists, Guy and colleagues (1989) found that over

one third of psychologists practising psychotherapy who reported being distressed indicated that their distress decreased the quality of care they provided to their clients.

It seems like many mental health practitioners are aware of their personal issues' negative effects on client care. However, despite this awareness, another study found that 59% of psychologists reported continuing to work when they were too distressed to be effective (Pope et al., 1987). This could be a sign of active impairment hindering therapists' recognition of the seriousness of the condition. This hindrance could then increase the likelihood of ineffective, inappropriate, unethical or even illegal behaviour, leading them to become a potential threat to current and future clients. Past research has shown therapists' boundary violations due to impairment, which include sexual impropriety, dual relationships and fiscal improprieties (e.g. Gabbard, 1991; Schoener, 1995). One common concept of impairment is burnout, which can also impact not only therapists' personal lives but also the quality of care they provide to their clients.

Burnout

The most prominent definition of burnout in the literature comes from Freudenberger (1974, 1983), who defined it as the negative effects of prolonged exposure to stress in the workplace. According to the new version of the handbook of diseases by the World health Organization (WHO), *International Classification of Diseases 11th Revision*, that came into effect in January of 2022 (Chatterjee & Wroth, 2019; WHO, 2022), burnout is defined as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed" (Who, 2021), meaning that it is the result of chronic unmanaged stress (Maslach, 2003). This new, more detailed definition from the earlier definition was brought forth to help legitimate the suffering of those who suffer burnout as having a severed issue and in hopes of aiding help seeking behaviours (Chatterjee & Wroth, 2019). As a work stress

phenomenon (Baldwin et al., 2011), it "refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life" (Who, 2021), though as previously indicated, the nature of stressor (Miller et al., 2007), personality and temperament can influence how an individual responds (Ciarrochi et al., 2002). In psychotherapists, Baker described this syndrome as "the terminal phase of therapist distress" (Baker, 2003). Burnout is characterized by three dimensions: mental and physical exhaustion, cynicism, and inefficacy (Maslach & Leiter, 2016). The mental and physical exhaustion dimension is described as an individual wearing out, having loss of energy, feeling depleted, debilitated and fatigued. The cynicism dimension, which was originally called depersonalization in previous literature given the nature of human services occupation, is described as professionals having a negative or inappropriate attitude towards their clients as well as feeling irritable, having a loss of idealism and withdrawal. The inefficacy dimension was originally called reduced personal accomplishment, and it is when a professional experience a reduction in productivity or capability, low morale, and an inability to cope.

The Causes and Prevalence of Burnout in Mental Health Practitioners

According to Pines and Maslach (1978), burnout was first recognized as a psychological problem found among social service and healthcare practitioners, in a mental health setting. Not surprisingly, those in the helping professions were found to be particularly susceptible to burnout (Pines, 1983) because the goal of their occupation is to support and provide service to clients in need, and can be characterized by emotional and interpersonal stressors (Bakker et al., 2014). These stressors, which include mental, emotional, and physical factors, are related to the nature of work and their role expectations (Yu et al., 2008). For example, their interaction with their clients is a one-way helping relationship, described as the Caring Cycle, defined as the repeated

empathetic attachments, active involvements, and felt separation inherent in the practice of psychotherapy (Skovholt et al., 2001). Active engagement on the part of the psychotherapist is a necessary ingredient in the Caring Cycle, but burnout ends this active engagement (Skovholt et al., 2001). Consequently, this lack of engagement means the end of competent practice, which inadvertently affects client care (Skovholt et al., 2001). Moreover, they are faced with many responsibilities in their role that are not therapy-related, having to work with an increasing number of clients needing specialized care, and collaborating with other mental health professionals (Yu et al., 2008). Other stressors include working in different settings such as non-profit agencies with limited funding or mandated short-term counseling, encountering restrictions in funding cuts (Osborn, 2004). Settings like community agencies and private practice tend to have systems in place valuing giving more to those they serve but providing little support for themselves, which can lead to mental and emotional concerns as they try to accommodate their clients dealing with various mental health concerns (Evans & Villavisanis, 1997).

According to research, there are three demands-resources based models of burnout highlighting the importance of work-life balance to burnout, namely, the Job Demands–Resources (JD-R) model, The Conservation of resources (CoR) model, and the Areas of Worklife (AW) model (Kotera et al., 2021). As summarized by Kotera and colleagues (2021), the JD-R model explains that burnout occurs when a worker does not have the necessary resources to resolve or reduce consistent work demands that he or she is faced with. According to the CoR model, burnout occurs due to a worker's reduced motivation due to a constant threat to available resources and leads to poor mental health. The AW model is a new variation of the previous two models and has a person-centered approach to stress contributing to burnout, one of

which is workload. Workload, along with control, reward, community, fairness, and values are sources of burnout identified by Maslach and Leither (2005). As summarized by McCormack and colleagues (2018), workload as a source of burnout includes having too much work but not enough resources; control includes micromanagement, a lack of influence, and accountability without power; reward includes not enough pay, acknowledgment, or satisfaction; community includes isolation, conflict, and disrespect; fairness includes discrimination and favoritism; and values includes ethical conflicts and meaningless tasks.

Having to deal with all of these challenges that come with being in this field, burnout is a common syndrome among healthcare professionals, including psychotherapists (Kotera et al., 2021; Simionato & Simpson, 2018). A systemic review of 40 articles with a pooled sample consisting of 8,808 psychotherapists showed that over half of them reported moderate to high levels of burnout, with the most common dimension being emotional exhaustion (Simionato & Simpson, 2018). Moreover, personal factors such as younger age, having less work experience, and being overinvolved in client issues influenced the development of burnout and thus, are the most common risk factors to experiencing burnout found in this study (Simionato & Simpson, 2018). The results of a meta-analysis by O'Connor and colleagues (2018), consisting of 9,409 sample pool of mental health professionals showed that on average, despite being able to retain reasonable levels of personal accomplishment, they experience high levels of emotional exhaustion and moderate levels of depersonalization. In this study, age was also a personal factor associated with burnout but that increasing age was linked with an increased risk of depersonalization but heightened sense of personal accomplishment. Key work-related factors associated with burnout in this study included workload as well and relationships at work. Even more concerning, a focus group study examining burnout and its impact on clients from

counsellors' perspective found that a few counsellors in urban areas confirmed that it was not unusual for counsellors to experience burnout in the first two years (Oser et al., 2013). The authors indicate that this information supports the perception of high counselling job turnover in urban areas. Moreover, the causes of burnout in the workplace reported by this study's participants include having challenging clients, a large caseload and paperwork. Consequences of burnout include poor client care, reversing of roles (between counsellors and their clients), changing positions because they believe that "just a little change up with your job would help" and some reported completely leaving the field.

Moreover, there are several personal consequences of burnout on health and well-being. For example, a longitudinal study examining burnout and well-being in resident family physicians (a human/helping profession) found an increase in levels of burnout in the first year of their residency and this increase remained high through graduation (Ricker et al., 2020). Another longitudinal study assessing the frequency of suicidal ideation among medical students in relation with burnout (i.e., a potential risk factor for ill health) found that burnout at baseline was indeed an independent predictor of suicidal ideation over the following year, and is associated with increased likelihood of subsequent suicidal ideation (Dyrbye et al., 2008). Moreover, only 26% of students in this study who met the criteria for burnout recovered from burnout (recovered burnout) and 73.2% remained burned out (chronic burnout) at one-year follow-up, suggesting the potential long-lasting effects. Also, 31.3% of the students who were not burned out at baseline reported experiencing burnout at one-year follow-up (new burnout). However, recovering from burnout was associated with noticeably less suicidal ideation, suggesting that burnout recovery decreased suicide risk (Dyrbye et al., 2008), highlighting the importance of recovering from burnout. According to the study's researchers, the findings

indicate that burnout is reversible, which highlight the importance of identifying and treating burnout to reduce the risk of suicide. Thus, it could be argued that recovering from burnout is a life-saving intervention. Of note, this study did not find the factors and experiences that helped students recover from burnout, and indicated the need for further study, which the present study seeks to explore. A longitudinal study that examined burnout symptom trajectories in relation to coping in employees referred for burnout rehabilitation, during a 1-year rehabilitation intervention with 6-month follow-up found that recovery from burnout (i.e., a decrease in symptom level) only occurred in the exhaustion trajectories and all cynicism and reduced professional efficacy trajectories showed stability (i.e., the baseline levels did not change) during the intervention (Hätinen et al., 2013). One exception in reduced professional efficacy trajectories was that professional efficacy showed further deterioration in the symptom, which was already serious at baseline. Moreover, a systemic review summarizing the physical, psychological and occupational consequences of job burnout (Salvagioni et al., 2017) found that it significantly predicted physical consequences such as hypercholesterolemia, type 2 diabetes, coronary heart disease, hospitalization due to cardiovascular disorder, musculoskeletal pain, changes in pain experiences, prolonged fatigue, headaches, gastrointestinal issues, respiratory problems, and severe injuries and mortality below the age of 45 years. Psychological consequences of job burnout include insomnia, depressive symptoms, use of psychotropic and antidepressant medications, hospitalization for mental disorders and psychological ill-health symptoms. Occupational consequences include job dissatisfaction, absenteeism, new disability pension, job demands, job resources and presenteeism. The authors summarized that individual impacts, in addition to social impacts discussed in this study, “highlight the need for preventive

interventions and early identification of this health condition in the work environment," (p. 23) which, being in a position of a psychotherapist, will inevitably impact client care.

The Negative Impact of Burnout on Client Care

The consequences of burnout not only affect mental health practitioners but also their clients. Rupert, Miller and Dorociak (2015) indicate that burnout creates a duality of concern. That is, it creates primary harmful effects on practitioners, which then lead to secondary harmful effects on the clients they provide therapeutic care to. For example, a number of studies found that caring, empathy and compassion, which are the same qualities that make practitioners effective with their clients, are the same qualities that may also leave them vulnerable to negative outcomes like burnout (Figley, 1995; Lawson et al., 2007; Pines & Maslach, 1978). For example, experiencing burnout negatively influences practitioners' empathy and communication with their clients (Montero-Marin et al., 2016). They can find themselves not being able to connect with their clients because they are emotionally depleted (Skovholt et al., 2001). In turn, practitioners' burnout can lead to negative consequences such as how they view themselves and their clients in a number of ways, including: loss of respect for their clients, loss of concern, decrease in sympathy and positive feelings, dehumanization of their clients, cynical attitudes, impaired performance, lowered morale, reduced efficiency and performance, hopelessness or feelings of helplessness, negative attitudes towards work or self, physical exhaustion and physical illness (Maslach, 1978; Pines & Aronson, 1983; Spicuzza & De Voe, 1982; Taris, 2006). In particular, Maslach and Jackson (1981) indicate that the cynicism or depersonalization component of burnout can lead to emotional distancing or disengagement from clients.

It is clear that these consequences of burnout start affecting the quality of care provided to clients. Another explanation may be that due to burnout, practitioners end up lacking the

ability to engage in empathy, unconditional positive regard and congruence, which are critical components of effective therapy (i.e., necessary to help clients move forward in therapy), according to Carl Rogers's person-centered therapy (Kirschenbaum & Jourdan, 2005). The empathy component means "experiencing an accurate, empathetic understanding of the client's awareness of his own experience. To sense the client's private world as if it were your own. But without ever losing the "as if" quality" (Rogers, 1992, p. 829). The unconditional positive regard component is "the extent that the therapist finds himself experiencing a warm acceptance of each aspect of the client's experience as being a part of that client" and it means not having any conditions of acceptance no matter the client's "expression of negative, 'bad,' painful, fearful, defensive, abnormal feelings as for his expression of 'good,', positive, mature, confident, social feelings, as much acceptance of ways in which he is inconsistent as of ways in which he is consistent"… no 'prizing' of the client nor selective evaluating attitude (Rogers, 1992, p. 829). This level of care is one that permit clients to have their own feelings and experiences (Rogers, 1992). Congruence means not presenting a façade and being freely and deeply oneself within the confines of the therapeutic relationship, with one's actual experience accurately represented by one's awareness of oneself (Rogers, 1992, p. 828). Even if a practitioner's theoretical approach is not client/person-centered, being in a position of burnout still violates a few of the necessary conditions for a constructive therapy session, like not being congruent or integrated in the therapeutic relationship (Rogers, 1992). Burnout influences the quality of therapists' work through impaired professional functioning and reduced competence and therefore, the quality of care provided to clients (Rupert et al., 2015).

The Social and Economic Burden of Burnout

The duality of concern of the negative impact of burnout on practitioners and clients also has socio-economic implications. For example, a study conducted by an accounting and financial consulting firm called Accountemps found that the feeling of burnout affects over 9 in 10 Canadian workers (Sevunts, 2019). Outside of North America, burnout annually affects 40 million workers, costing over 20 million euros in the European Union (Joffre-Velázquez et al., 2008). Burnout has indirect social and economic effects. Past research found that it can trigger presenteeism (i.e., when workers come to work while being sick) resulting in loss of productivity while at work (Demerouti et al., 2009; Gosselin et al., 2013). Similarly, it can also trigger absenteeism (i.e., when workers are absent from work, e.g., Belita et al., 2013; Borritz et al., 2006). For example, in the European Union, the reason for 50% of the sick leaves is due to burnout (Joffre-Velázquez et al., 2008). In a review examining the physical, psychological and occupational consequences of job burnout (Salvagioni et al., 2017), the authors observed that professionals who were at a higher risk of short or long-term sickness absences were those who experienced medium or high levels of burnout. Furthermore, in a study by Borritz and colleagues (2006) examining whether burnout predicts sickness absences and sickness absence spells in human service professionals, they found that sickness is a vital issue for not only the workers but also their workplaces and society in general. They explained that the implication for the worker may be the beginning of social decline with having to take longer days off work due to sickness, which could result in job loss, and even a permanent exclusion from the labour market. The implications of absenteeism for workplaces include having to spend additional expenses to pay temporary workers, an increase in job turnover but decrease in productivity in the organization, and loss of manpower. For society, the implications also include reduced productivity and

payments for sickness benefits, affecting the economy due to an increase in demand. An additional cost to society includes increasing the risk of future disability pension (e.g. Ahola et al., 2009).

More specifically, in public mental health fields like psychiatry, burnout contributes to poor staff morale and that is costly and economically wasteful due to the expenses that are involved in the recruitment and training of staff (Gilbody et al., 2006). A study examining physicians, who are also in the helping professions, found that those who suffer from burnout are less productive and may even quit their job, which then impact the health care system economically by increasing costs (Patel et al., 2018). For example, a study examining the cost of burnout for all practising physicians in Canada found it to be $213.1 million (Dewa et al., 2014). Of this estimate, $185.2 million was due to early retirement and $27.9 million was due to reduced clinical hours. Furthermore, family physicians accounted for the majority of it (i.e., 58.8%) of the burnout costs, which may be due to the similarity in providing care between family physicians and mental health practitioners. Similar to mental health practitioners, family physicians have to also establish an effective therapeutic relationship with their patients, which require developing connections with them, and they also experience a multitude of emotions connected with providing care to patients (Schultz et al., 2012).

Thus, with the personal, client care, workplace and societal implications of burnout, the need for an active pursuit of wellness to manage hazards and stressors in terms of intervention and prevention strategies, may be helpful in helping psychotherapists avoid personal and professional resignation. Fortunately, practitioners can protect themselves from becoming burned out (Skovholt et al., 2001).

Self-Care

Sapienza and Bugental (2000) proposed that mental health professionals may have never really "learned how to take the time to care and to nourish themselves, having been trained to believe that this would be selfish" (p. 459). One could imagine that the lack or insufficient self-care and nourishment can lead to an array of professional and personal issues over time, and an inability to maintain positive well-being. Existing self-care definitions take a health-oriented or clinical approach. For example, WHO defines self-care as "the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health worker" and its scope includes "health promotion, disease prevention and control, self-medication, giving care to dependent people, seeking hospital, specialist or primary care when needed, and rehabilitation, including palliative care" (WHO, 2021, p. 43). Another definition of self-care is that it is "the set of activities in which one engages throughout life on a daily basis" to promote health, prevent illnesses and to manage problems that may arise (Sidani, 2003, p. 68). The primary definition informing this study is from Sherman (2004), who broadly defined self-care as "the self-initiated behaviour that people choose to incorporate to promote good health and general well-being" (p. 52). It is clear from these definitions that self-care encompasses mental, emotional, physical, psychological, and even spiritual well-being as all of these areas are necessary part of health and well-being promotion and maintenance. Thus, self-care can be viewed as necessary steps an individual chooses to take to manage stressors in his or her life. Given that therapists use themselves as their most important therapeutic tools (Jennings & Skovholt, 1999), this intentional and proactive act to promote good health and general well-being is paramount in the work they do with clients. Just as it is important to recognize and understand the challenges that negatively impact their

wellness, like distress and burnout, and their negative influence on practitioners, their clients, their workplace and society, it is equally imperative to understand psychotherapists' intervention and prevention self-care strategies to help combat these issues and promote wellness. This is particularly relevant given their higher vulnerability.

The Code of Ethics on Self-Care

In fact, self-care is an ethical imperative requirement. Under the risk and benefits section of the Canadian Psychological Association (CPA) ethical standards, practitioners are encouraged to "engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others." (Canadian Psychological Association, 2017, p. 20). Moreover, under the professional responsibilities section of the entry-to-practice competency profile for registered psychotherapists of the College of Registered Psychotherapists of Ontario (CRPO), self-care is a requirement (CRPO, 2012). More specifically, section 3.3 says, "maintain self-care and level of health necessary for responsible therapy," which includes maintaining "personal, physical, psychological, cognitive and emotional fitness to practice," building and using "a personal and professional support network," and maintaining "personal hygiene and appropriate professional presentation" (CRPO, 2012, p. 5). Other Canadian provinces also require self-care competencies for mental health practitioners. For example, the code of ethics of the British Columbia Association of Clinical Counsellors (BCACC) mandates that counsellors "engage in self-care activities, in recognition of the unique professional stresses involved in counselling practice, and in order to maintain optimal levels of professional practice" and "remain aware of the RCC's own self-care needs and vulnerabilities" (BCACC Code of Ethical Conduct, 2014, pp. 5-6). Nonetheless, Barlow and Phelan (2007) indicate that even though engaging in self-care is a

dimension of ethical practice and that practitioners can be knowledgeable about self-care, translating it into actionable behaviours does not always take place. Thus, knowledge does not equate to behaviours, which are required to obtain the benefits.

The Role of Self-Care on Burnout

According to Barnett, Baker, Elman and Schoener (2007), self-care behaviours are crucial to prevent burnout. A study by Skovholt, Grier and Hanson (2001) best explains the link between self-care and burnout. The authors explain the process of counsellors repeated empathetic attachments, active involvements and felt separations with their clients as the Caring Cycle, as previously explored. However, this process is one-way and can become a source of strain due to the constant balancing of self-care and other-care. Nonetheless, the authors emphasize that professional longevity in this field is reliant upon the ability to balance both self-care and other-care. Furthermore, the authors mention that those in the helping professions must continue to maintain their professional vitality and avoid depleted caring to be successful in the field. Thus, in avoiding depletion, which is a dimension of the mental and physical exhaustion component of burnout (Maslach & Leiter, 2016), mental health practitioners should engage in self-care. As Gentry (2002) puts it, self-care is the "ability to refill and refuel oneself in healthy ways" (p. 48).

More specifically, a literature review on self-care for mental health practitioners by Posluns and Gall (2019) provides several impacts of self-care practise areas on preventing burnout that I will summarize in this paragraph. The first self-care practise area the authors mention is awareness and it prevents burnout as practitioners understand the risks for and symptoms of burnout and professional impairment as well as issues of therapeutic process (e.g., countertransference). Secondly, balance is a self-care area that helps prevent burnout through the

maintenance of work-life balance. Next, physical health is a self-care area encompassing sleep, exercise, and diet and it helps to prevent burnout as they can be used as means of coping through greater times of stress, which can eventually lead to burnout if not addressed. Social support is also an area of self-care that helps to prevent burnout because among mental health professionals, isolation is a known risk factor for burnout and social support prevents isolation from happening. The social support from peers, faculty members, and professional association helps in preventing burnout by helping practitioners address biases about competence; drifting away from therapeutic models; providing socio-emotional support; and identifying and addressing issues of professional impairment and matters related to practitioners' mental, spiritual, and physical well-being. Lastly, spirituality helps to prevent burnout as some components of mindfulness are particularly helpful for psychotherapists. The authors report that spirituality encourages revisiting what initially led them to choose a career in mental health, and this helps in reawakening their sense of purpose and consequently, help them find meaning and revitalizing their spirit for this field. Moreover, spirituality helps in practising gratitude and internalizing the rewards of working in this field and therefore, moving away from burnout.

The Protective Influence of Self-Care for Practitioners and Client Care

Research suggests that self-care should be an objective of every mental health practitioner (Thériault et al., 2015) to prevent not only negative consequences to their well-being (Posluns & Gall, 2019) but also client care (e.g., Bearse et al., 2013; Guy et al., 1989; Rupert et al., 2015). A study by Butler, Carello and Maguin (2017) found that all participants who were students in a graduate social work training program reported that self-care was important to their well-being, half of them (i.e., 50%) reporting that it is extremely important. Despite these findings, 50.3% reported a decrease in their self-care efforts since having started the program,

24.0% reported that it had stayed about the same, and only 25.7% reported increasing their self-care effort (Butler et al., 2017). This is concerning because it seems like the busier and more stressed they get, the less likely they seem to be engaging in self-care behaviours, even though it is the time they need it most.

Several studies have found many benefits of self-care on mental health practitioners. For example, Zahniser, Rupert and Dorociak (2017) reported that self-care results in higher levels of positive affect, lower levels of stress and negative affect, higher self-rated academic and clinical performance, and flourishing. Other links as reported by Richards and colleagues (2010) include satisfaction with body functioning and ability to cope with daily stress through the self-care of physical exercise; alleviation of symptoms of distress and impairment and supporting personal development through psychological self-care of personal counselling; more positive mental health and quality of life through spiritual self-care which also aids the development and progression of self-awareness; and personal and professional development from support from others. In general, self-care provides a greater sense of well-being (Colman et al., 2016; Richards et al., 2010) and overall quality of life (Goncher et al., 2013). In sum, a necessary ingredient in providing effective client care is practitioners' own wellness (Norcross & VandenBos, 2018).

Based on the previously mentioned studies, when practitioners take good care of themselves, it also positively impacts the quality of services they provide to the clients they serve. Dealing with one's personal issues is imperative for both therapists' and clients' protection (Groesbeck & Taylor, 1977). For example, engagement in career-sustaining behaviours is linked to a greater sense of personal accomplishment and a lower tendency to depersonalize one's clients (Rupert & Kent, 2007). In a national survey on counselor wellness and impairment, Lawson (2007) explains the impact of self-care linked to client welfare:

> Counselors who are unwell (stressed, distressed, or impaired) will not be able to offer the highest level of counseling services to their clients, and they are likely to begin experiencing a degradation of their quality of life in other domains as well (physical, social, emotional, spiritual, etc.). It seems that the correlate is true as well: When counselors take better care of themselves, there is a positive effect on their ability to meet the needs of their clients. (p. 20)

Lawson and colleagues (2007) complement this by suggesting that as practitioners' wellness serves as a foundation for their practice and they are actively taking care of themselves, they are better equipped to provide high quality care. Engaging in mindfulness, self-hypnosis, music, and spirituality result in reduced anxiety and stress, improved life balance, increased self-awareness, self-acceptance, and self-reflection, which then allows practitioners to acknowledge themselves in asking for help when needed, thereby increasing empathy for clients (Williams et al., 2010). There is a level of drawing on one's inner resources with regards to helping clients towards growth. In turn, this could result in feeling depleted overtime, which brings the importance for practitioners to actively seek and engage in self-care to replenish their energy and strengthen their inner selves to continue being effective with clients.

Safe and Effective Use of Self

According to Frank (1989), psychotherapists' personal characteristics play a significant role in clients' treatment process and outcome. They are a "powerful but vulnerable tool in the caring process" (Sansó et al. 2005, p. 204). To account for this, one of the entry-to-practice competencies required by the College of Registered Psychotherapists of Ontario (CRPO) is a psychotherapist's ability to "ensure safe and effective use of self in the therapeutic relationship" (CRPO, 2012, p. 7). Psychotherapist's safe and effective use of self (SEUS) is defined as the

"learned capacity to understand his or her own subjective context and patterns of interaction as they inform his or her participation in the therapeutic relationship with the client" and being able to engage in "self-reflective use of his or her personality, insights, perceptions and judgments in order to optimize interactions with clients in the therapeutic process" (CRPO, 2021). Other criteria include: the ability to "demonstrate awareness of the impact of the therapist's subjective context on the therapeutic process"; to "recognize the impact of power dynamics within the therapeutic relationship"; to "protect client from imposition of the therapist's personal issues"; to "employ effective and congruent verbal and non-verbal communication"; and to "use self-disclosure appropriately" (CRPO, 2012). This speaks of psychotherapists using themselves as a tool in the therapeutic process as they draw from their own personality, insights, perceptions and judgments to strengthen the therapeutic process. Whatever that is drawn must be in clients' best interest (Wosket, 2017). The "use of self involves the operationalisation of personal characteristics so that they impact on the client in such a way as to become potentially significant determinants of the therapeutic process" (Wosket, 2017, pp. 11-12), further raising the significance of intervening and restorative strategies to facilitate in the self-and-other preservation. With personal experiences of self-care, practitioners are able to be authentic and better recommend self-care strategies to each individual client. Carl Rogers (Rogers, 1980), a well-known psychologist and theorist, spoke about his own self-care practices saying "I have always been better at caring for and looking after others than I have in caring for myself. But in these later years, I made progress" (p. 80). This speaks of getting better at caring for oneself through experience, alluding to the unique risk for novices in this emotionally and psychologically demanding career.

Novice Mental Health Practitioners

There are several research studies examining the mental health and self-care of professionals in the mental health field including what self-care strategies they use (e.g. Jennings & Skovholt, 1999) and numerous ones on burnout, but they examine those phenomena on experienced practitioners. A gap exists in the literature exploring the experiences of novice mental health professionals, more specifically psychotherapists, in relation to those constructs. According to a study by Orlinsky and colleagues (1999), novices were found to be those with less than five years of professional experience. A survey by Gilroy, Carroll and Murra (2001) found that 85% of female psychotherapists respondents sought personal therapy as a means of self-care. However, the average years of experience of the participants was 11 years, which means that they are experienced in the field. Seeking personal therapy is one of the ways experienced psychotherapists seek self-care, but the question remains on how novice psychotherapists approach this. More specifically, the strategies that have helped those who have experienced burnout and to understand the extent to which certain strategies were effective in combating their symptoms of burnout and their current preventative strategies. This may be important in predicting their vulnerability to experiencing burnout in their practice in the future, as the journey for novice practitioners can be difficult and tiring (Skovholt & Rønnestad, 2003).

The Unique Risks of Burnout for Novices and Client Care

Even though the risk of burnout in the health fields seems to fade after several years of professional stages (Peisah et al., 2009), Volpe and colleagues (2014) found the presence of burnout in mental health practitioners in their early career, seen in their higher levels of depersonalization (i.e., cynicism) and depression. Skovholt and Rønnestad (2003) examined novice counsellors and therapists' struggles and reported that due to the innocence of novice

practitioners, it puts them at a greater susceptibility to produce various stressors. More specifically, acute fear and anxiety were crucial stressors for novices (Skovholt & Rønnestad, 2003). Other stressors that they face include having difficulties with the treatment process, having an ambiguous relationship with their supervisors, and greater awareness of their personal issues (Farber, 1983). Consequently, Farber (1983) reported that these stressors experienced by those early in their career can result in fatigue, insomnia, difficulty concentrating, depression, and anxiety.

This negatively impacts client care because it increases practitioners' likelihood of acting aggressively towards their clients (Farber, 1983). Other effects include negative attitudes, rigidity, and sarcasm towards clients (Minirth et al., 1997). Among psychologists for example, the total number of hours worked was linked with emotional exhaustion, which was linked with negative client behaviours and over-involvement with clients (Rupert & Kent, 2007). Ackerley and colleagues (1988) also reported that licenced psychologists with less experience were over-involved with their clients which resulted in their experiencing significant levels of burnout, seen through the depersonalization (i.e., cynicism) and emotional exhaustion components. This may be because novices can start overlooking their own needs (Barnett et al., 2007) and not attending to their needs during this process. Moreover, unlike practitioners with 4-10 and 11-40 years of experience (i.e., experienced practitioners), those with 1-3 years of experience (i.e., novice practitioners) were more susceptible to feeling personally depleted (Farber & Heifetz, 1981). Other studies found various other predictors of burnout that relate to novice practitioners in the health field. Turnipseed (1998) found that age matters in reducing anxiety and concerns on personal accomplishment because the ability to acquire and refine coping mechanism could be easier for experienced workers and in turn, coping mechanism can reduce anxiety and burnout.

Goldberg and colleagues (2016) found lower rates of early termination (i.e., treatment durations of one or two sessions) with increased experience.

It is clear that providing mental health care is filled with inevitable stressors. Unlike experienced practitioners, novices face uncertainty and ambiguity in their work tasks and lack professional confidence (Skovholt & Rønnestad, 2003). A more recent study also reported that every aspect of being a novice counsellor has uncertainty, which can be overwhelming and can cause stress and then burnout (Thériault et al., 2009). These findings are crucial because, in line with previously mentioned studies on the impact of burnout on client care, these studies provide evidence for the unique risk posed by burnout on novice practitioners as well. Ackerley and colleagues (1988) suggest that "it is possible that veteran clinicians learn not only to conserve emotional energy but also to view clients in a positive manner," which are imperative in successfully continuing in this field.

The Unique Protection of Self-Care for Novices

It is more difficult to treat burnout among mental health practitioners than general work stress (Dreison et al., 2018). Thus, it is more important to prevent burnout from happening rather than to treat it. Self-care strategies are important in helping them adopt a value for self-care early in their careers, to avoid becoming burned out. There are training programs in helping to adopt a value for self-care as a preventative factor for later stresses for novice practitioners (Pope & Vasquez, 2011). However, there seems to be a lip-service approach in discussing self-care in counselling and psychotherapy programs. For example, participants in a thesis study by Chen and Gazzola (2019) reported that self-care was paid 'lip service,' meaning that programs encouraged students to engage in self-care in theory but not supported in practice. For example, they reported being questioned when engaging in self-care; the praise that comes with working

overtime as a new staff, which can negatively impact a healthy work-life balance; and not being taught about self-care. It is clear that many novice practitioners are starting their workforce not learning how to engage in self-care, which makes it important to learn about how they seek it out on their own when experiencing burnout and how they prevent them from reoccurring. In addition, Dorociak, Rupert and Zahniser (2017) found that practitioners with more experience engage in more self-care behaviours and report less stress than those who are early in their career, further raising the need to engage in self-care early because it is imperative for the long-term success in the field. As practitioners' wellness serves as a foundation for their practice, it also better equips them at providing high-quality care to clients early on (Lawson et al., 2007).

The Impact of External Factors and the Coronavirus Pandemic

Just like external forces can impact anyone's personal experiences, psychotherapists are not immune to life's trials and tribulations just because they help others with theirs. Thus, they are susceptible to the stresses that happen to others as well. The topic of stress, burnout, and self-care are particularly relevant given the current situation with the coronavirus pandemic (COVID-19). From the first few months, concerns on its mental health effects have been raised (e.g., World Health Organization, 2020; Xiang et al., 2020). As it progressed, counsellors reported not engaging in adequate self-care while at work, resulting in higher than usual employee turnover (Buckner, 2020). A survey by Statistics Canada with the Public Health Agency of Canada on the impact of COVID-19 and mental health assessed Canadian adults on three mental health disorders: major depressive disorder, generalized anxiety disorder and posttraumatic stress disorder (Statistics Canada, 2021). Results indicated that about one in five Canadian adults screened positive for at least one of the three mental health disorders, with major depressive disorder being the most prevalent. These findings are particularly concerning for mental health

practitioners because not only are they members of the general population who are experiencing these mental health concerns, a significant number of their weekly hours are also spent supporting other people's psychological and emotional needs. This is an occupational hazard of working in this field. Given that the pandemic itself is a significant stressor, mental health practitioners may develop vicarious traumatization, commonly known as secondary traumatic disorder, as they are constantly exposed to other people's traumatic experiences during the pandemic (Thompson et al., 2014). Consequently, self-care is of utmost importance during this time. Novices, in particular, are most vulnerable because unlike their more experienced counterparts, they are more susceptible to producing various stressors and experience stressors such as acute fear and anxiety (Skovholt & Rønnestad, 2003), which may be exacerbated by the pandemic, being in and of itself a new global experience.

The Role of Personal Responsibility

Ultimately, self-care is practitioners' responsibility. Experienced therapists prioritize self-care and they "take preventive action to protect what they consider their most important therapeutic tool: themselves" (Jennings & Skovholt, 1999, p. 7), which novices should prioritize early in their career. Unlike being a student and having a level of guidance in regards to personal and professional development, which may be a part of class requirements, when an individual enters professional work, he or she is the professional (Skovholt et al., 2001). Lastly, a study asking the advice of experienced practitioners yielded their strong endorsement on therapist-initiated coping mechanisms and self-care activities (Thériault et al., 2015), meaning that it is ultimately each practitioner's responsibility to keep themselves well by initiating their own self-care.

The Present Study

It is clear from the review of the literature that burnout is a debilitating occurrence that has several consequences to mental health practitioners, who support others in a therapeutic milieu. Their effects can be damaging to both practitioners and their clients as well as society. Moreover, evidence from the literature indicates novices' greater susceptibility to burnout. What is also evident is the importance of self-care in helping to combat burnout, and its positive effects on practitioners' personal and professional lives. However, the evidence in most studies is based on experienced practitioners. What is not yet clear is the understanding of the experience of burnout among novice psychotherapists, the self-care strategies they employ to overcome their burnout as intervention (i.e., restorative strategies) and the self-care strategies they have implemented to prevent its reoccurrence (i.e., preventative strategies) because of experiencing burnout. Knowing that there are several benefits to self-care, the purpose of this study was to gain an insight into novices' experiences of burnout and self-care, an underexplored demographic. As therapists' burnout poses a risk to clients and society, getting insight into their experiences may open doors to reinforce self-care discussions and recommendations and influence educational policy, counselling pedagogy, and clinical supervision to improve therapeutic experiences now and in the future, as novice psychotherapists are the future experts in the field of counselling and psychotherapy. The research questions that guided this research are: (1) How do novice psychotherapists experience burnout? (2) What strategies do novice psychotherapists use to overcome their burnout? (3) How has novice psychotherapists' self-care strategies changed as a result of experiencing burnout?

Chapter 3: Method

Conceptual Framework

With my research questions, I sought to identify themes regarding the experiences of burnout and self-care from novice psychotherapists' perspective. Consequently, I used Thematic Analysis (TA), an approach that is similar to and is informed by a form of grounded theory called grounded theory-lite. Grounded theory-lite is a constructionist approach that is more flexible than the original grounded theory (Braun & Clarke, n.d.). TA is like grounded theory-lite because both methods include coding the data and generating and interpreting broader patterns in the data while maintaining the aim of understanding the link between the different categories and concepts. However, since my goal was not to develop a substantive theory within the data and explain it but rather describe patterns across the data set without being bound by a particular theoretical approach (i.e., theoretically flexible), employing TA was the best option for this present study. Additionally, my interest relied on reviewing the literature and finding a gap to fill prior to data analysis, which TA allowed me to do. With this approach, I was able to identify, describe, organize, summarize, and interpret both explicit and implicit evidence (i.e., themes) within the data and the relations between the codes (e.g., Braun et al., 2014; Clarke & Braun, 2018, 2012). It allowed me to understand common participants' experiences. Having a quantitative background, being able to interpret the data was important to me, which Clarke and Braun describes as "telling a story about the 'so what' of the data" (Clarke & Braun, 2018). Moreover, despite being a rigorous process, TA is also theoretically flexible, and it can be used within various theoretical frameworks to answer various types of research questions (Braun et al., 2014). It is best used for research questions relating to the construction of meaning, related to people's understanding and representation, perceptions, views and experiences, which suit the

present study's aim at deciphering the experiences of novice psychotherapists with reference to burnout and the self-care behaviours they have adopted to combat burnout.

Moreover, one has the option of conducting TA in different ways, which include an inductive versus deductive data coding and analysis; an experiential versus critical orientation to data; and an essentialist versus constructionist theoretical perspective (Braun & Clarke, 2012). I chose to use an inductive approach. It is a "bottom up" approach that is driven by the content in the data themselves (Braun & Clarke, 2012). That is, I coded and developed themes directly by the content of the data. I chose this methodological approach because I am not seeking to confirm but simply explore and try to understand the experiences of novice psychotherapists by coding from the data based on their experiences. Even with my analytic lens, this approach would not allow me to completely override my participants' stories (Braun & Clarke, 2012). This is a descriptive study. According to Braun and Clarke (2012), an "inductive TA often is also experiential in its orientation and essentialist in its theoretical framework, assuming a knowable world and 'giving voice' to experiences and meanings of that world, as reported in the data." Moreover, research shows the effectiveness of an inductive approach to TA as well as useful when exploring unexplored topics (Holmqvist & Frisén, 2012). Furthermore, an inductive approach is more closely related with the aim of grounded theory (Braun & Clarke, 2006). Consequently, a grounded theoretical framework best informs this study's use of TA.

In sum, TA is a "relatively easy and quick method to learn and do"; "accessible to researchers with little or no experience of qualitative research"; "results are generally accessible to educated general public"; it is an "useful method for working within participatory research paradigm, with participants as collaborators"; it "can usefully summarise key features of a large body of data, and/or offer a 'thick description' of the data set"; it "can highlight similarities and

differences across the data set"; it "can generate unanticipated insights"; it "allows for social as well as psychological interpretations of data"; and it "can be useful for producing qualitative analyses suited to informing policy development" (Braun & Clarke, 2006, p. 37). Thus, TA as an adapted version of a form of grounded theory (i.e., grounded theory-Lite, coined by Braun & Clarke, n.d.), is more appropriate for the present study. I describe more about the analysis procedures of TA in the Data Collection and Analysis Procedures section below.

Recruitment, Data Collection and Analysis Procedures

Participant Recruitment

I recruited four participants for this study. Due to the coronavirus pandemic, I recruited participants using the Recruitment Text found in Appendix A, by contacting community-based, private practice and university counselling centres in various Canadian provinces, via email. I asked them to distribute invitations to participate among their staff, and those interested to respond to me directly to maintain confidentiality. I provided my email and all participants contacted me directly. We discussed about the study and I answered any questions they may have had about the study and its processes. I used a criterion-based sampling to select participants on the basis that they could provide information-rich data on the topic of the study. The first criterion was having experienced burnout that they have combated, anytime from the time they have begun their practice. To satisfy this criterion, eligible participants self-declared that they have experienced burnout based on the most prominent operational definition of burnout in the literature (i.e., Freudenberger, 1974, 1983), with the extended definition from the World Health Organization (i.e., WHO, 2021) to ensure understanding of the definition, as well as meeting the three characterized dimensions of burnout (i.e., Maslach & Leiter, 2016). I invited prospective participants to contact me for the study if they have met this criterion and I went

through it again to screen them out to reinforce recruiting participants who could provide rich data on the topic. The second criterion was having acquired less than five years of counselling experience. This criterion was based on the literature indicating that professionals with less than five years of experience are considered novices (Orlinsky et al., 1999). Being actively engaged in the practice of psychotherapy at the time of the study was the third criterion, which allowed me to get data from those who are active in the profession in this current day and age. The fourth criterion was having a minimum of a master's degree in counselling psychology, clinical psychology, or social work. This criterion, along with the other criteria, offered consistency with the sample. Participation was on a first come/first served basis, on the basis that they met the above-mentioned inclusion criteria. A total of five prospective participants contacted me, but only four met all the eligibility criteria. I informed them that they did not meet the second criterion and thanked them for their time.

Consent Form

I emailed participants the informed consent form (see Appendix B) electronically and asked them to thoroughly read through it and not to hesitate to ask any questions they may have had. After giving their consent, I asked them to fill out a demographic's questionnaire (see Appendix C) and return it to me before or at the time of the interview. The consent form was signed by both the participants and me and we each kept a copy for our record. Of note, the purpose of the demographic questionnaire was not to gain quantitative data, but rather to understand each participant's unique experiences more deeply. It served as a tool to further gain descriptive data.

Participant Demographic

Participants met all the eligibility criteria: all self-reported that they have experienced burnout as defined by the literature along with the three dimensions that characterize it; acquired less than five years of counselling experience; were actively engaged in the practice of psychotherapy; had a minimum of a master's degree in counselling psychology, clinical psychology, or social work. More specifically, all participants held a master's degree, three of which were in counselling psychology and one in social work. Participants' age ranged from 25 to 33 years old at the time of the interviews and years of experience ranged from a little over one year to a little over four years.

Two participants, Iris and Rose, reported that providing counselling and psychotherapy services was not their first career, reporting previous careers in teaching and a counselling-related field but not psychotherapy. Primary sites for counselling services at the time of the interviews included private practice for three participants with one of them previously working in an employee assistance program (EAP) call centre, and a community-based organization for one of the participants who had also worked in private practice in the past. Relating to the nature of clientele they serve, general reasons for which their clients seek counselling included: trauma, grief and loss, depression, anxiety, perinatal issues, issues with interpersonal relationships, issues with body image and disordered eating, self-esteem issues, managing anger and other strong emotions, difficulty coping with emotions and life events, lack of purpose or feeling lost, lack of motivation and energy, Post-Traumatic Stress Disorder, Obsessive Compulsive Disorder, and coping with chronic illness. Preferred and used theoretical orientations were equally diverse, including the following: person/client-centered, somatic experiencing, narrative therapy, integrative, attachment, Cognitive-Behavioural Therapy, trauma informed Emotion-Focused

Therapy (EFT) and regular EFT, psychodynamic therapy, self-compassion, polyvagal theory, Eye Movement Desensitization and Reprocessing therapy, Internal Family Systems, Inner Relationship Focusing, and Acceptance and Commitment Therapy (ACT). Table 1 (see below) outlines the participants' demographics.

Table 1

Participant Profile

Participants	Iris	Rose	Dalia	Lotus
Age	32	33	25	29
Degree	MSW	M.Ed	M.Ed	M.Ed
Membership	OCSWSSW	CRPO	CRPO	CRPO
Years of experience	3	2	1	4
Psychotherapy as first career	No	No	Yes	Yes
Practice site	Private practice	EAP, then Private practice	Private practice	Private practice, then Community
General client's presenting concerns	Perinatal issues (Anxiety, depression, trauma, grief)	Trauma, grief and loss, depression, anxiety	Anxiety, depression, PTSD, OCD, etc.	Trauma, grief and loss, anxiety, depression
Preferred theoretical orientations	Client-centered, somatic experiencing, Narrative, Integrative, Attachment, CBT	Trauma Informed EFT, Psychodynamic, Self-Compassion, Polyvagal	Client-centered, IFS, EMDR, IRF, ACT, CBT	Narrative, EFT, EMDR

Interviews

Given that thinking about one's own experiences requires deep reflection, I used a qualitative research strategy (Daher et al., 2017) to examine the lived experiences of novice psychotherapists pertaining to burnout and self-care strategies. I conducted individually scheduled online interviews via Zoom. The protocol of the interview (see Appendix D) was semi-structured, which provided structure but also flexibility on elaborating on each question, allowing for a deep dialogue about participants' experiences. We began by exploring about what it looks like to be in their shoes on workday, including the number of clients they see, their general clients' presenting concerns, their preferred therapeutic approaches, and similar questions. Then, we delved into how the experience of burnout was like for them, the strategies they have used to combat burnout, the meaning and uses of self-care then and currently including any changes they have made as a result of experiencing burnout, and their recommendations. These questions, audited by my supervisor and the research team committee, were developed from the ground up, centralizing and building from the research questions. The extensive interview protocol includes ample follow-up questions developed to generate a deeper conversation and understanding of each participant's experiences. Given the semi-structured nature of the interview, I followed-up with certain questions depending on individual participants' answers and other follow-up questions were rendered not useful. I jotted certain answers and comments that stood out to me throughout each interview and used constant comparative method of data analysis (Creswell & Poth, 2018) to also analyze potential codes and categories from one interview to another, with initial application of descriptive coding (Saldaña, 2009). I engaged in the process of both data collection by highlighting statements taken from each participant's reported experiences and comparing it to emerging categories that stood out to

me, which served as relevant during the main data analysis process. Interviews lasted between 60 minutes and 90 minutes. I audio and video-recorded each interview with participants' consent, for the purpose of transcribing the data. I made participants aware to withdraw their consent at any time during the study with no repercussions, debriefed at the end of the interview, and discussed further support should they want or need to debrief further, given that thinking and sharing about one's own experiences with distress and burnout is sensitive in nature. Moreover, I "checked in" with participants throughout the interview to ensure ongoing consent and invited them to ask questions before, during, and after the interview.

Data Transcription and Analysis

After the completion of the data collection, I transcribed the interviews verbatim in such a way to meet the Braun and Clarke' (2012, 2013, 2021) and Braun, Clarke, and Rance's (2014) standards and used pseudonyms for all participants as well as omitted any directly identifying information for the purpose of maintaining participants' confidentiality. I used the Braun and Clarke' (e.g., 2021) and Braun, Clarke and Rance' (2014) Thematic Analysis (TA), a "method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set" (Braun and Clarke, 2012, p. 57). This step-by-step process to find patterns of meaning allows the researcher to see as well as make sense of the collective or shared meanings and experiences of all the participants working in a similar work environment, meant to inform the research questions. The most recent articulation of the sequence of the six-phase process for data management, coding, and theme development are the following: *1) Data familiarization and writing familiarization notes 2) systematic data coding 3) generating initial themes from coded and collated data 4) developing and reviewing themes 5) refining, defining and naming themes and 6) writing the report* (Braun & Clarke, 2021).

Phase 1: Data Familiarization and Writing Familiarization Notes. During this first phase, I listened to each interview recording and transcribed it. I focused and repeatedly read the transcribed interviews and intimately engaged and familiarized myself with the data (Braun et al., 2014). The process of transcribing the data also facilitated my immersion (Braun et al., 2014). I jotted down a few thoughts and memos about potential codes to create in the next step. I noted areas that were potentially relevant to my research questions, started to notice patterns, as well as thinking about potential assumptions or ideas participants tried to articulate (Braun & Clarke, 2012, as cited in Braun et al., 2014). I kept this process general and not systematic.

Phase 2: Systematic Data Coding. During this second phase, I systematically worked through my 'entire data set, noting ideas, concepts and points of interest relevant to answering" my research questions (Braun et al., 2014). I tagged segments of each data with a code. Braun and colleagues define a code as "a label (a brief phrase) which provides a succinct summary of something of analytic interest in the data." Codes are the building blocks in developing themes. During this phase, I created succinct, shorthand descriptive or interpretive labels or pieces of information that seemed relevant to addressing my research questions. I used a systematic approach when going through each transcript by considering and attending to each of them equally on different days. I identified interesting aspects of the transcripts and what may be informative in developing themes. I used the 'comments' function in Microsoft Word to conduct the preliminary iteration of codes and thus, noted in the side margin. I highlighted the area of text assigned to each respective code. I highlighted on the transcripts the codes representing the meanings and patterns in the data and I applied interesting excerpts and appropriate codes to them. As suggested by Braun and colleagues (2014), I created codes that were brief but also could stand alone and inform the underlying commonality among the data items in relation to the

research subject. I coded any item that seemed to be useful in addressing the research questions and it provided me with a condensed overview of the main points and common meanings that appear in my dataset. I further broke each code down into smaller codes to further describe aspects of the main points. I collated all the codes and relevant data extracts or excerpts for later stages of the thematic analysis. Some codes were descriptive (semantic codes, summarize key content), interpretive (latent codes, analytic interpretation of the content). As coding evolved as it progressed (Braun et al., 2014), I began creating a codebook accordingly. I recoded as necessary and this process helped me focus my research questions (Braun et al., 2014). I coded all data sets electronically on Microsoft word without any computer-assisted qualitative data analysis software or NVivo.

Phase 3: Generating Initial Themes from Coded and Collated Data. After having coded all relevant data items, I shifted the focus from interpreting individual data items within the dataset to interpreting aggregated meaning and finding meaningfulness across the entire dataset. That is, I began examining and reviewing all codes and collated data and analyzed how I could combine different codes according to shared meanings to form themes or categories of themes. I collapsed multiple codes sharing similar underlying concepts or features of the general data into one single code. As described by Braun and Clarke (2012), a few initial codes represented an over-arching narrative within the data and I changed them into a general themes or sub-theme (Braun & Clarke 2012). I actively construed the relation among my initial codes and examined how those relations may inform the narrative of a theme. As described by Braun and colleagues (2014), “the search for themes involves initially identifying clusters of similar meaning across your codes.” During this process, I emphasized on communicating a meaningful narrative to answer my research questions (Braun & Clarke, 2013). I further reviewed codes and

prospective themes and discarded those that did not fit within the analysis. Those included codes and prospective themes that seemed too vague or not relevant enough, like those that did not appear often in the dataset to be considered as a stand-alone code or theme. My decision during this process depended on the research questions. Thus, any initial theme that did not inform anything about the data based on the research questions were removed. At the end of this process, I generated six themes which seemed to represent the depth and breadth of the data and produced a thematic structure collating the codes and categories of codes relating to their respective themes (Braun & Clarke, 2012, 2020).

Phase 4: Developing and Reviewing Themes. During this process, I reviewed the themes in relation to the codes, explored any gaps in the dataset in comparison to the themes, asked myself whether the themes accurately represent the data, meaningfully interpret the data and address the research questions. I did this by "going back to the data associated with each code and then the whole data set, to review whether or not the candidate themes map on to the coded data, and the data set" (Braun et al., 2014). I explored possible revision to make them work better, which included discarding, splitting, combining, relocating, renaming, and creating any new ones to increase usefulness and accuracy. I was mindful not to force my analysis into coherence (Braun & Clarke, 2012). I used the following key questions from Braun and Clarke (2012, p. 9) to guide this process: 1) Is this a theme (it could be just a code)? And if it is, 2) What is the quality of this theme (does it tell me something useful about the dataset, and my research questions)? 3) What are the boundaries of this theme (what does it include and exclude)? 4) Are there enough (meaningful) data to support this theme (is the theme 'thin' or 'thick')? 5) Are the data too diverse and wide-ranging (does the theme lack coherence)? With a list of six distinctive and coherent set of themes that align with the coded data extracts, I reviewed all the themes in

relation to the entire dataset (Braun & Clarke, 2012, 2020) to make sure that the themes are useful and serve as an accurate representation of the data, by rereading the data and making sure that I captured "the most important and relevant elements of the data, and the overall tone of the data, in relation" to my research questions (Braun & Clarke, 2012).

Phase 5: Refining, Defining and Naming Themes. As my analysis developed, I continued working on "refining the focus, scope and clarity of each theme and the depth" of my "analytic interpretation" (Braun et al., 2014). I followed the following propositions in refining, defining, and naming my themes: having a singular focus; be related but do not overlap but may build on previous themes; and directly address the research questions (Braun & Clarke, 2012). Moreover, I selected specific vivid and compelling extracts that I wanted to present and analyze that clearly illustrate my analytic points across the dataset and used them to create stories of each theme (Braun & Clarke, 2012, p. 9). I also created overarching themes or categories of the broader themes to focus on specifically answering different aspects of the research questions. I created a code and theme book with all the broad themes, subthemes and codes.

Phase 6: Writing the Report. Once I drew meaning from the data and created a logical, coherent, and global argument in response to the research questions, I developed a framework representing the essence of participants' experiences for the final report, by summarizing those themes from the dataset in a more formal and ordered presentation. I told a story or analytic narrative about my data analysis, which included stating what was in my data, why they are interesting, and how they relate to or answer my research questions (Braun et al., 2014). This writing process involves "combing data quotations and analytic narrative, to build a convincing, evidenced and interpretative story of your data that answers your research question," drawing across the dataset and situating my analysis in relation to existing literature (Braun et al., 2014). I

used both the illustrative and analytic ways of using quotation, which involved using them as illustrative examples of my narrative points and saying something particular about the specific features of the quotations (Braun et al., 2014).

Trustworthiness of the Study

To effectively evaluate a study's worth, the study needs to be trustworthy (Lincoln & Guba, 1985). This process, according to Lincoln and Guba (1985), involves establishing credibility (i.e., confidence that the results is truthful), transferability (i.e., evidence that the results can be applicable in other contexts), dependability (i.e., demonstrating consistent results that could be repeated), and confirmability (i.e., neutrality or evidence that the results are not shaped by my bias, motivation, or interest but rather participants' own reports). To achieve these criteria, I did the following. I began from the process of conducting a literature review and methodology sections. Members of my research committee include my supervisor and two other researchers and clinicians who are experts in the field of counselling and psychotherapy with several years of research and clinical experiences. Their experiences as both researchers and clinicians strengthened the quality of feedback I received throughout this process. They all reviewed my literature review and my methodology. My supervisor reviewed and audited all data analysis for accuracy and once a thematic structure was developed, he invited the rest of my committee to discuss my work. They asked me questions, challenged my interpretations (Lincoln & Guba, 1995) and provided feedback on my codes, themes and detailed descriptions. My supervisor reviewed and audited my data interpretation, of which was defended in front of my thesis committee. Moreover, initial auditing of the data began with participants' check. That is, I used "member checking" (Guba & Lincoln, 1989, 1981; Lincoln & Guba, 1985), described as a process of asking participants to review their transcripts for accuracy of their lived experiences

as validation, verification, or assessment of the trustworthiness of results of a qualitative research study (Doyle, 2007). Thus, I allowed them to see their transcribed interview and encouraged them to voice any concerns, changes, comments, or redactions so that the final data best represent their experiences. I emailed them their own transcript, which was password-protected with individual and unique passwords.

Researcher's Reflexivity

A researcher using thematic analysis is active in knowledge production (Braun & Clarke, 2019). As such, it is important to maintain awareness of one's influences (Guba, 1981). As the primary researcher of the present study, I would like to express that I do hold personal, professional, and academic biases given my interest in self-care and belief that it is imperative to healthy living. My personal and professional experiences have shaped my interest and belief in this topic, which include personally experiencing the benefits of intentional self-care in my own life and being a crisis line responder, wellness check specialist and mental health service support worker who advocates for self-compassion and self-care to clients, as well as to my own family and friends. Additionally, I am also currently a registered psychotherapist (qualifying) but when I was still in-training, colleagues who were also in-training already expressed feeling burned out as students who have not yet started their practice. Academically, I was a Master of Arts in Education student specializing in Counselling Psychology, which has allowed me to learn about the theoretical basis and the code of ethics on the profession, different mental health diagnoses and treating mental health concerns. Even though I am now trained in the provision of counselling and psychotherapy to clients presenting with different concerns, I remember finding myself getting nervous by the mere thought of having a large caseload of clients dealing with various mental health concerns and supporting them on a weekly, bi-weekly, or monthly sessions

and providing them with the skills and tools to manage outside of our sessions together. I am still reminded of the importance of continuing to build my own self-care repertoire of practice. It was important for me to maintain and develop awareness of my interests and beliefs, which allowed me to prevent them from boiling over when I conducted the interviews, analysed and interpreted the data.

Measures Implemented to Ensure Confidentiality

Ensuring participants' confidentiality was significant during recruitment, data collection, data analysis, and storage. As previously stated, participants who were interested in participating in the study contacted me directly without their employer's, colleagues', or supervisors' input or knowledge. I assigned a generic pseudonym for each individual participant to ensure their anonymity and confidentiality and any other person mentioned in the interview (e.g., names of a particular professor, supervisor, colleague, friend, partner, internship/practicum site). I reviewed all transcripts multiple times to ensure that any identifying information was removed or changed and if changed, the new pseudonym was completely different than the actual name or identifying information. Only myself and my thesis supervisor, who served as the auditor during this process, reviewed the interviews. I password-protected each individual transcript with a unique password and stored the consent and demographic questionnaire forms in password-protected folders in my own private password-protected computer. My thesis supervisor will preserve these forms in a locked cabinet in his office for 10 years since their collection, after which they will all be destroyed.

Chapter 4: Results

The literature indicates that burnout is an impairing experience with negative consequences impacting not only practitioners themselves, but also their clients and society at large. This is particularly concerning for novice practitioners who are more susceptible to burnout. Research also indicates the imperative role of self-care in helping to combat burnout, but the evidence focused on experienced practitioners. Thus, the purpose of this study was to gain an insight into novice psychotherapists' experiences of burnout and the self-care strategies they employed to overcome and prevent the reoccurrence of burnout. As such, the three research questions that guided this exploration were (1) How do novice psychotherapists experience burnout? (2) What strategies do novice psychotherapists use to overcome their burnout? (3) How has novice psychotherapists' self-care strategies changed as a result of experiencing burnout? I used the Braun and Clarke's (e.g., 2021) and Braun, Clarke and Rance' (2014) Thematic Analysis as well as relevant influences from Braun and Clarke's (2012, 2013) previous work to collect and analyze the data of this present study.

Using an inductive approach to data analysis, six main themes, thirteen categories and twenty-eight codes emerged from participants' lived experiences pertaining to the research questions. The six main interpretive themes were the following: (1) The experience of burnout, which was divided into three conceptual categories and included nine relatively descriptive codes (2) The strategies employed to combat burnout, which was divided into two categories and included seven codes (3) The meaning of self-care, which was divided into two categories and included three codes (4) Ethical considerations, which was divided into three categories and included three codes (5) Recommendations which was divided into two categories and included five codes and (6) Looking ahead, which was divided into one category and included one code.

The themes substantively summarize participants' lived experiences; the categories break down the main themes to further conceptualize participants' experiences as they address or respond to the main themes and describes a group of codes; and the codes are labels representing single ideas from participants' experiences. The codes describe the condensed meaning units and help to identify connections between them. To present the results of this present study in a manageable manner, I divided each main theme into its own table with accompanying categories and codes. For a complete list of the thematic structure with each theme, accompanying categories and codes, please refer to Appendix F.

Theme 1: The Experience of Burnout

This theme substantively summarizes participants' lived experiences of burnout as novices in the field, represented through factors contributing to the onset or maintenance of burnout; the mental, emotional, and psychological symptoms of burnout; and the physical symptoms of burnout. A few codes emerged from these categories, which will be explained in the next sections. This theme addresses the first research question, how do novice psychotherapists experience burnout, by delving into what it was like for participants to experience burnout, including contributing factors and symptoms. Table 2 outlines the three main categories and the associated codes representing this theme.

Table 2

The Experience of Burnout

Categories	Codes
Factors contributing to the onset or maintenance of burnout	COVID-19 pandemic as a contributor to burnout
	Lack of self-awareness on the signs of burnout
Mental, emotional, and psychological symptoms of burnout	Limited capacity for service provision
	Negative view of self as therapist
	Heightened emotions, cynicism and countertransference
	Difficulty detaching and disconnecting from work and clients
Physical symptoms of burnout	Somatic reactions and complaints
	Changes in sleep patterns
	Sickness and anxiety

Factors Contributing to the Onset or Maintenance of Burnout

Participants shared their stories from the beginning to end and highlighted the presence of precipitating factors that contributed to their experiencing burnout. This included the presence of the coronavirus of 2019 (COVID-19) as a contributor to burnout and the lack of self-awareness on the signs of burnout. In-dept explanation of each code is found below.

COVID-19 Pandemic as a Contributor to Burnout. This code describes participants' unique experiences as psychotherapists during a global pandemic, an experience the world has never known before. Given the uniqueness of the profession, participants were tasked to hold

safe spaces for clients who sometimes shared their own concerns regarding the pandemic and learning to navigate this new reality, while participants were also going through similar experiences. Consequently, participants reported finding themselves overidentifying with clients through shared unprecedented experiences. For example, Rose shared being in a position where she was going through the experience with clients, being uncertain, trying to figure herself out during such unprecedented times, and the difficulty that came with trying to navigate the situation, including associated symptoms. She said:

> It's just weird to have so many things happen with clients…they're experiencing helplessness… sadness… all these things, and so am I… But all at the same time it's like I have some clients who are like, "and then like, the lock downs, and then the mask mandates and the vaccine passports and don't get me started on the protests" … and you don't ever want to bring your stuff in, you can share these experiences but very intentionally, but it's always about them.

Additionally, despite their best efforts to navigate teletherapy, participants reported a sense of helplessness in regard to how much they could control in sessions. For example, Lotus, who had only experienced providing in-person counselling and psychotherapy for the first few years of practising in the field shared the frustration that emerged with the practical aspects of providing teletherapy:

> I think, what became frustrating and it was like a shared frustration, both myself and my clients was just dealing with… the different practical parts of this, like internet cutting out or like I got a dog who's sleeping under my desk right now, so she'd occasionally bark or she'd need in and out of the door, or my clients would have other people in the home, like it's all these little distractions that are frustrating. And I'm speaking in past

> tense, but of course this is ongoing [laughs]… I think we just, I don't know, talk about it less.

A second meaning that emerged from this code was participants' struggle with isolation and lack of connection with others as a result of the government's response to minimize the spread of the virus with mandates and restrictions that prevented and limited social contact with others. Even though this was in an effort to protect the health and well-being of everyone and despite this being in good faith, there were some unforeseen negative mental health effects. For example, Dalia who works in a private practice group with an in-person office, expressed that despite her efforts to go to the office, there was no one present to share her experience with, which left her feeling alone in her experience:

> I realized when I started working, again, pandemic, most things are closed, and I was going to the office, two days a week… it was empty, I was the only one there, sometimes one colleague, so I felt very isolated and like alone in my experience.

Lotus concurred that the pandemic played a significant factor in the onset of her symptoms as she experienced deep isolation, but also a personal experience she went through during that time which meshed as stressors in her life. Notably, she reported working in private practice as her first work setting in the field, but it only lasted six months because it was not where she wanted to be. She reported feeling isolated and going through that experience being a big part of her decision to get the job at her current workplace, a community setting, because of the team environment. She expressed that the isolation that arose because of the pandemic and not feeling like a part of a team also created uncertainty in expectations, for example. This was due to the shift in the medium of communication from face-to-face and in-person interaction with colleagues, supervisors, and boss, to online ways of communication. She shared the following:

> COVID is absolutely a big factor of this. Both COVID as in the pandemic itself but the timeframe of COVID… I went through a big breakup [giggles]… So, I was trying to figure out what the heck virtual therapy is, while also going through the breakup itself…all this stuff all at once, while being so incredibly isolated… and then suddenly, I found myself not seeing any of my colleagues, with COVID… not getting feedback, not knowing "is my boss mad at me?" And then I felt like expectations were really unclear… I want to emphasize I felt like they were very unclear. I know, in retrospect that if I had been checking in a bit more with my supervisors and listening to them, I know that they would be very understanding, that everyone's capacity had changed. But I was like thinking, "okay, am I still expected to see the same number of clients every day?"…"I can't" [laughs] like "I can't."

Following these new changes that were out of their control, participants reported having limited opportunities to engage in self-care. Rose explained that not only did she notice an increase in her client's symptom severity, but she found herself unable to engage in self-care anymore. She expressed feeling like her world revolved around work that she was not able to escape from:

> My clients with more severe symptoms were finding an increase in their symptoms, so increasing level of distress and all of that in sessions. But I didn't know how to do self-care anymore…I used to go out, "you know what it was a hard day, let's go to the casino for an hour and just be there just take it all in" but, that was closed, we couldn't go to movies, we couldn't go to restaurants, my family lives in a different province, the border was closed, couldn't do anything. So, I found that everything was work, and work was just sticking with me more at that point. So, I didn't know how to detach from work.

Other participants concurred the difficult they experienced with detaching from work, explored in the next few sections. Dalia shared the change in routine that the pandemic has brought and the necessity to be flexible to accommodate: “The pandemic was difficult, I think for everyone, like, our routine got thrown off, and we had to kind of be flexible in terms of “okay, what can I do at the moment?”

Lack of Self-Awareness on the Signs of Burnout. This code encapsulates participants’ unique experiences as novice psychotherapists regarding self-awareness. They all shared issues with not noticing the signs that indicate that they were going through a burnout. That is, they shared difficulty recognizing internal cues of distress and burnout. For example, Iris, who is a parent, reported expressing the desire to have a reason to take a break from seeing clients, like going on maternity leave, without noticing that she was saying it, until after the fact:

> I remember saying things, dropping little things to my supervisor, like, “I just wish I could go on mat leave and then leave all of this behind” … [giggles] and I'm not pregnant, but I was just like “I just wish I could be pregnant and then go on mat leave and start after.” I didn't catch on, I didn't know I was burned out when I said that, but I remember I said that. And my supervisor was kind of like, “hmm, that's interesting that you're saying that kind of thing.”

She further shared that it took outside sources, namely, her supervisor and personal therapist, to help her come to the realization that she was experiencing burnout and if left to her own understanding, she would have thought that her symptoms of burnout were due to other issues. She said:

> Finally, I'm like, “Oh, yeah, okay, it was really burnout.” … if I didn't have my therapist, I think I would have just thought it was my own anxiety problems. But she was like, “Iris,

> your anxiety is flaring up because your body is feeling unsafe… overwhelmed … like it's too much" so she's like, "take care of that schedule and take care of your work, and then… your body is gonna feel safer and your nervous system is gonna be safer."

Other participants shared a similar experience. For example, Rose shared that her social support convinced her to prioritize her health as it is so much more important than money, before she decided to move forward with her decision. Lotus, for example, also shared that an outside source, namely her boss, expressed his concerns about her, which seemed to have been one catalyst in her self-awareness, a level of self-reflection and acceptance that she was indeed experiencing burnout. This is what she shared:

> So, I remember being on-site at walk-in, and I was talking to one of my co-workers, and my boss was sort of just down the hall, and they overheard me just talking about being exhausted, and [laughs] they came up to me in the office afterward and said, "Lotus, I'm worried about you." … I had no idea what to say because I was like, 'I'm also worried about me.'

Rose shared that this was a learning curve and process, as a novice psychotherapist, which seems to indicate that building the skills to recognize one's own internal cues of distress and burnout may come with experience. She said: "I'm still a new therapist, I still am a new therapist, right? Still learning to recognize those cues, those internal cues of distress and those internal cues of like, "oh, something's feeling different."

Mental, Emotional, and Psychological Symptoms of Burnout

When asked to reflect on the symptoms that emerged for them when experiencing burnout, participants shared various mental, emotional, and psychological symptoms and the

negative effects that manifested in their work with clients, in their self-concept and in their personal life.

Heightened Emotions, Cynicism and Countertransference. This code reflects the negative emotions and attitudes that emerged for participants when experiencing burnout, that were not present prior to the experience. These include feeling angry, resentful, irritable, and dread, which showed up in their role as psychotherapists, in their work with clients and how they relate to them and in their personal life. This code particularly highlights participants' reports that these emotions served as the first telltale sign or indication that something was not going well. Rose, for example, who reported two experiences with burnout, shared that these emotions, which emerged while working as an EAP counsellor and in private practice, ultimately made her aware that she was going through a burnout. In her work as an EAP counsellor, she reported the following: "So how did I know I was burning out, I was very emotional…I was irritable, it was my first experience in the real world with counseling, and it was just everything was a crisis." As such, she reported a feeling of dread regarding her shifts and not knowing how she was going to cope. She said: "I dreaded my shifts so much. I really did not know how I was going to get through this." In private practice, she reported irritability and lower capacity for tolerance, as indicated below:

> I was booking supervision weekly at that point, because I needed her assistance with like how to move through this… I was getting irritable… I know Professor A, and I always used to hear his voice in my head when like a client would turn on me, sometimes they get angry with you, and it is stuff to work through in therapy, but I found that my tolerance level for, I would just take it personally.

Dalia also reported feeling irritable, elevated overall emotionality and finding it more difficult to handle things. She reported: “It was like, becoming irritable, or just like really emotional, like little things like I would cry a lot. I don't even remember why, it was just like, things were more difficult.” It is not surprising that when feeling these negative emotions pertaining to their work may lower or even prevent their sense of enjoyment and fulfillment in their work. The sense of rewards that they initially felt when they first entered the field seemed to have begun to dissipate slowly. Iris shared the shift she has noticed during this time: her work going from fulfilling and resourcing to overwhelming and “too much.” She said:

> It's funny because like, my work was really fulfilling and resourcing for a long time, and then it suddenly snuck up on me, in the last year… that it started not being that. It started being too much. So, it's interesting, it's not like I started feeling overwhelming at the beginning, it was like, “Oh, I love it. I like this place where my biggest gifts can shine, and I can really go into the shadow with people. And it’s wonderful” and then like, suddenly, it was just like, too much [giggles], it’s weird.

Rose concurred a sense of shift in not only the work itself, but in the way she began viewing clients when experiencing burnout. For example, when she was working as an EAP counsellor, she experienced the following:

> I noticed that when I first started, I was like, “Ugh! Every client is just like so important” and all of these things and I noticed that as I started to feel more burned out, sometimes, I just found clients ungrateful and sometimes I was frustrated because… we had to be solution-focused but nothing that you said would work, “Oh, no, that won’t. Tried everything. It's not gonna work, but I'm upset.” It was like, ‘what do you want from me

> then?' So, I was getting very, very low patience. It never showed up on the calls, but I would feel it inside.

Difficulty Detaching and Disconnecting from Work and Clients. This code highlights participants' difficulty separating themselves from work and their clients and not allowing it to boil over into their personal space. First, participants reported lacking sufficient boundaries and over-involving themselves with clients. For example, Iris reported the tendency to absorb her clients' presenting concerns as if they were her own. However, this was not simply in an empathetic way as explained by Rogers (1992), because it was more than sensing clients' emotions, as their own emotions got "bound up in it" (p. 829) even to the point that it was boiling over outside of sessions. She said:

> I had like very little boundaries in terms of like, how much of their stuff I was taking on. So, if they were anxious, I would feel really anxious. If they were depressed…I would feel all of it, too much, not in a just an empathizing way, but like 'it's mine' almost, it becomes mine almost, I'm taking it on. And so that was just really getting in the way.

Dalia delved into the emotional aspect of having the desire to support others and to save everyone, which can come at the expense of oneself. She reported coming to the realization through experience that it does not work like that:

> It's a reality check, honestly. And you know, your teachers tell you, "you're not going to save everyone." You know it cognitively, but there's still this part, the part of us that drove us to study psychology and to do this work is the part that wants to help and to be there. So, learning it more at an emotional level, you have to go through it, you have to kind of realize it more like experientially that it doesn't work that way.

Participants also reported thinking about their clients and session issues outside of sessions. For example, Dalia reported "spending a lot of time thinking about clients and thinking about their stories" and Rose reported that in-session matters "would stick with me throughout the night. So, I found myself like feeling a little resentful sometimes." Similarly, participants shared that these experiences were not limited to their working hours but also began to boil over into their personal life. They reported carrying sessions into their personal space and their negative impacts in their personal life. For example, Dalia reported fully immersing herself in the position all week and not allowing herself to take off the cap of being a psychotherapist. She explained it in the following excerpt:

> That was definitely adding to my mental exhaustion, like doing trainings on the weekends. Now, I wasn't relaxing as much during the weekend, I was learning more. So, kind of feeling like I was always in the therapy field and never like, just with myself and enjoying my own self, my own life. I felt really, like, absorbed into it… I was reading like books on trauma, books on therapy, and that was really not helping.

Additionally, she shared the negative impact that being absorbed in her role outside of working hours had in her personal relationships:

> I was feeling really like, not present with my partner at the time, feeling emotionally drained. So like, even just listening to people talking to me, like, after a day at work, it was just going one ear to the next. I was kinda like not there, really hard to focus.

This was also true for Rose, who reported feeling like her clients followed her everywhere she went, even when she was spending quality time with her partner:

> Outside of work, it would stick with me…that was definitely impacting my evenings, because the TV would be on with our evening binge watching of the shows, but I wasn't

> paying attention as much. I was like, in my head a lot more…I was still with them after work [giggles]…of course I care for my clients, but at the end of the day, they are my clients and my life outside of work is just so important…once I give all of my time in that session, and I write the note, and everything's done, I need to put it aside, because I can't carry everybody with me everywhere I go.

This did not stop during wake hours for Iris, as she reported the onset of seeing her clients in her dreams and developing a desire for boredom in her life, which seems to allude to the desire to not be as preoccupied. She shared the following:

> I started having a lot of anxiety personally, in my personal life. And then I started noticing my clients would be in my dreams, sometimes… I've never had that before. So, it's like these boundaries being crossed and feeling like I'm inundated or…like overwhelmed by my work. And then, in the winter, I told my therapist, I was like, "Oh, you know, I'm not doing so well" … I was like, "I'm just so stressed. I just feel like… I want boredom, I want space. I just feel like there's no space in my life" and she was like, "… it sounds like you need a break from work" like she kind of hinted at it.

Limited Capacity for Service Provision. This code represents participants' reduced ability to effectively provide psychological mental health services to clients when experiencing burnout, impeding their effectiveness. This includes reduced capacity for empathy, compassion, presence, and analytical reasoning. For example, Rose reported needing more energy to be empathetic, which was not the case when she was not experiencing burnout. Her ability to vicariously identify with her clients' thoughts and feelings was reduced. Additionally, she reported remembering what she had learned from instructors when she was a student and exercising more optimism in implementing them when she was in a good place. She said:

> I think that my capacity for empathy was definitely reduced, and it took a lot more energy sometimes to be empathetic…And usually, when I'm in a good place, I can be like, "Oh," Professor A is in my head again, I'm just like, "Oh, it's just part of the…grist for the mill" or something like that. He's like, "This is just something to work with in therapy."

Rose later explained how she began to internalize, for example, a client's request as expressing obliviousness towards her own feelings and emotions and what she has on her plate, explored in a next section. The idea of feeling a reduced sense of space and needing more space to do the same tasks emerged a few times in the data. For example, Rose further shared needing more space to provide answers to more difficult clients' concerns, falling back on her theory and effectively evaluating the situation, which seems to indicate a reduced ability to effectively use clinical reasoning skills. Additionally, she shared emergent emotions during this period. She shared:

> I found myself getting angry inside. So, I would just be like [pauses], I think it just took a lot more space for me to like provide answers to the client in the session… but usually, I'd be like, "It's so frustrating. It's a lot" you know, all of the usual things, but at that time, I was just like [nervous giggles to portray experience], I don't know what to do…limited capacity for empathy. So, it took a lot more energy to…fall back on your theory, fall back on what's happening here, take that step back, I had to really think a lot more about it.

In addition to empathy fatigue, compassion fatigue was also among the symptoms of burnout clients experienced. This included feeling detached and emotionally or psychologically numb. This was particularly felt by Lotus, who experienced the development of compassion fatigue which further gave rise to other negative emotions:

> And then, the compassion fatigue really came in, like, I would have these moments where I'd listen to a client and my brain was going "I don't care. I don't care." And, which obviously also brought in a lot more guilt [giggles] with it too. It's like "What are you doing?"

Lotus later shared recognizing the problematic nature of this initial thought that shook her and she worked towards keeping an eye on it. An additional in-session experience that emerged was the difficulty or greater effort to stay present and attuned with clients. For experience, Lotus shared struggling to stay present with her clients and feeling guilty for it. She reported: "I would find myself in session, struggling to stay present with my clients. And then of course, feeling guilty for that." Iris reported feeling a sense of dissociation in sessions, which affected her level of effectiveness in her position as a psychotherapist:

> It's like I was a little bit dissociated for a while. And I remember… when I got really burned out, that's kind of the symptom, noticing that I was really having trouble being present, it was a part of me was over here and it was just like, when I was with my clients, it was harder to be present. I wasn't as effective as a therapist, obviously.

Dalia, on the other hand, reported uncertainty on whether experiencing burnout impacted her practice, because she was putting so much energy in combatting against not being present with clients and being the best therapist, but to the extent that her personal life began to suffer. She said:

> I don't know if it really impacted my practice, because I was putting so much energy in being present with my clients that I was like, letting the rest of my life kind of fade away or slip. But like I was trying so hard to be like the best therapist, so I don't know if maybe I was trying too hard [giggles], but, that's where I was putting my energy.

Negative View of Self as a Therapist. This code highlights participants' response to feeling burned out through a misconstrued sense of self. They reported feelings of self-doubt and incompetency. For example, Dalia reported feeling like an imposter and wondering whether this was the right field for her and engaging in self-criticism:

> I don't know if this is related to the burnout, but, this was more like the imposter syndrome…because I was just starting, I was really thinking like, "Am I really fit for this?...I'm emotionally and physically drained, and I just started…Is this really the job for me? Did I underestimate how it would be, like, difficult?" … So that was really worrying. I remember worrying a lot about if I would be, I guess good enough for the work.

Lotus reported not feeling attuned with her clients and she believed that they were feeling it as well. One of its impacts are feelings of incompetence. She said:

> Whenever I'm struggling, one way it really presents itself in session is just a lack of attunement with the client, and I'll find myself saying more and going faster. Like it's almost a performative thing, rather than slowing down, being where my client is, which usually comes from a sense of anxiety of just like, 'get through it, say more,' feels like crap [laughs], it sucks…obviously, both of us feel that mis-attunement. But that's usually what it looks like…and inside, I'm feeling that kind of frazzled feeling. And I don't feel very grounded, after the session or after the day, like, a lot of feelings of incompetence.

Physical Symptoms of Burnout

In addition to experiencing mental, emotional, and psychological symptoms of burnout, participants also shared experiencing physical symptoms.

Somatic Reactions and Complaints. Participants reported bodily reactions and physical complaints such as increased fatigue, tiredness, and exhaustion. For example, Dalia reported

noticing a change in her level of energy, feeling drained and exhausted. Her explanation is as follows:

> I've always been like a very energetic person. I love exercising, I love moving… not too long after I started, I noticed feeling really exhausted, like, emotionally, physically, I didn't want to move. I didn't want to go outside… I really noticed myself feeling really drained, something that was really not typical for me. So that was really the thing that made me realize, "Okay, there's something going on, because I'm just like, not feeling it."

Lotus concurred the feeling of exhaustion: "I was just exhausted all the time. I like truly just in my bones exhausted." This led to certain bodily reaction, like refusal to do certain activity. For example, Rose shared her body's rejection to engage in note writing after sessions:

> It's almost like a physical reaction, like, when I was burning out writing notes was like a torture experience. I was like, "Ugh, I did this session. Now you want me to write about it?"… and then I get angry… so your body, like almost rejects, like it just doesn't want.

Participants also noted various changes in their sleep patterns, including disrupted and non-restorative sleep. Dalia reported not feeling rested despite several hours of sleep: "Even just getting out of bed, it was getting hard. I was sleeping like 10 hours, and it was just like, it was not enough." Rose concurred: "It was just very tiring. Even if I had sleep, like eight, nine hours, I was still waking up really tired." Moreover, participants reported sickness and anxiety, which showed up in ways like having heart palpitations and panic attacks. In her work as an EAP counsellor, Rose reported a significant increase in the anxiety she felt and a pessimistic view of what may or may not happen in the future, which trickled into her everyday life. She said:

> My anxiety went through the roof, I started to become very anxious in between calls. I like would be waiting and my heart was racing, and I was nervous because I always

> thought that the next call was going to be a suicide call, like, you never knew what you were gonna get, or when the call was going to come in, which trickled into everyday life. So, I was irritable, I was emotional, quick to trigger, everything was the end of it, it felt like the end of the world, it always felt like something bad was going to happen.

In Iris's experience, she noticed that certain clients triggered but not caused her anxiety and she needed to let go of them as a step towards recovery from burnout.

> I'll say my anxiety was triggered by certain clients, because oftentimes, it was clients with a lot of anxiety that I really struggled with… so it's like, I made a list and I had to let go of some of my clients. And like, just to really make my caseload smaller. And then I started having really bad panic attacks, and I just decided to take three weeks off.

Moreover, with more reflection, she shared the impact of burnout in flaring her pre-existing condition dealing with anxiety and noticing the onset of heart palpitations.

> I mean, to be fair, anxiety is not new to me in terms of burnout. I think, I've always been an anxious person… but the anxiety was sort of like it flared up with the burnout because of the burnout… I think I'm trying to see the heart palpitations as a sign, next time… of like, "Ooh, I'm having heart palpitations, that means I'm doing too much… I need to take care of myself… I need time off from overwhelming myself."

Theme 2: Strategies Employed to Combat Burnout

This theme summarizes the strategies participants reported taking to combat burnout, represented through both professional strategies and personal strategies. This theme and its two accompanying categories emerged from various codes, expanding the content linked to intervention (i.e., restorative) strategies to combat burnout. This second theme directly addresses the second research question on the strategies novice psychotherapists use to overcome their

burnout. Table 3 outlines the three main categories and the associated codes representing this theme.

Table 3

Strategies Employed to Combat Burnout

Categories	Codes
Professional strategies in combating burnout	Colleagues as social support
	Supervisors as social support
	Taking time off work
Personal strategies in combating burnout	Development of self-awareness, mindfulness, self-reflection and being self-compassionate
	Personal therapist as support
	Intentionality and active engagement in creating and finding joy as a building block for healing
	Family and friends as social support

Professional Strategies in Combating Burnout

Despite participants' experiences with barriers to engaging in self-care, like feeling guilty and undeserving when experiencing burnout, they still managed to engage in professional and personal strategies to combat burnout. Most of the following categories and codes highlight social support as imperative in combating burnout and the lack or insufficiency of it serves as a barrier. That is, social support helps in combatting burnout and lack of it harms. Each strategy is discussed below.

Colleagues as Social Support. All participants shared the importance of being surrounded by fellow psychotherapists or similar mental health professionals to help with

coping. Their colleagues provided emotional support, shared and validated their experiences. For example, Rose shared that connecting with people from her cohort when she was working in EAP was helpful. They acknowledged and confirmed that she was not the only one dealing with feeling inadequate and that her work environment was stressful. She said:

> I found it really helpful to connect with people from my cohort…I found that…people who were joining EAPs were experiencing the same thing as me. EAP work is its own world, and it's very stressful, and it's very, I guess, performance-oriented, everything's calculated…so people who are going through that, I would talk to them, and I would feel like "Oh, like I'm inadequate as a therapist. Why can't I do this?" but they would also say, "Oh no, it's a lot"…it was turning to people who were going through similar experiences was also validating and saying, "Okay, my reaction is my reaction and that belongs to me, it's just a really stressful environment to be in."

Additionally, Rose also highlighted the difficulty to connect with colleagues when working in private practice full-time due to isolation. As a result, she is not able to debrief with them, which she shared was an important part of her self-care. Thus, the lack of it serves as a barrier to her self-care:

> I think it's extra difficult because, well, in my own personal experience, because I'm so isolated… debriefs were a big part of self-care when I was at that site [internship site]. But I don't have that now. Like I don't have anybody that I can talk to in-between sessions…saying like, "That was a really hard session," because my partner, it's not ethical to talk to him about sessions. So, I'm alone in my home with all of these clients and I have supervision that I have to pay for, right now it's bi-weekly because I can't

> afford weekly all the time [giggles]. So, I find that it's the isolating piece that's harder as a novice, I think [giggles].

Dalia shared the big difference that having those support served, whether it was sharing individual struggles or simply complaining and holding that bit of space for each other, helping to lower the feeling of isolation and feeling alone in one's experiences. She shared it as such:

> As things started reopening…like now the center is also much bigger, so there's a lot more colleagues. When I'm at the office now there's a least two other people that are there, and it makes a big difference, just like sharing a little struggle or just like complaining [laughs] together. If I have like my 15 minutes break, now I can just go and talk to a colleague, and it makes a big, big difference. You know, we don't have to go in detail about what's happening, but just sharing like, "Ah, I had a really difficult client" and you're like, "Oh, me, too," "Oh, yeah. So tough, right?" "Yeah, it's tough" and that's it, but it still helps feeling less alone.

Additionally, she shared the importance of making sure she connects with colleagues even if it is a five-minute chat, and not always being in a position of supporting. So, in a day where she is supporting others for a few hours, it is important for her to take even a few minutes she has to have a little chat with a colleague and "just tuning into, connecting or enjoying like a lunch break together." Iris shared her gratitude for having supportive others: "I'm really lucky that I have a really great therapist and a really great supervisor and lovely colleagues that are so supportive."

Supervisors as Social Support. Participants reported the invaluable role their supervisors played in helping them combat burnout, by providing emotional support, appraisal, informational and instrumental supports. Supervisors supported participants through the expression of empathy, validation, care, non-judgement, and trust. For example, in the context of

COVID-19, Rose shared that her supervisor validated and normalized her experience and checked in on what she was doing to take care of herself:

> I always think that, "Oh, I'm like this new therapist, like, this is me" and she'd say, "Ah, no… it's a lot…therapists are going through a lot right now… I'm hearing it, with my other supervisees. I'm hearing it with colleagues… it's unprecedented times to be going through" … everybody's going through it… So, it's a bit strange. So, for her to validate, like, "What are you doing to take care of yourself? What is it like with clients?"

Iris concurred this experience as she shared that her supervisor also made sure she was okay, encouraged her to take time off as needed to do so and highlighted that this is to the benefit of clients as well.

> She…would just care so much about me…She's really lovely… I really love her and I think she's much more like, therapist-centered in the sense of like, she makes sure that I'm okay, so that my clients are okay kind of thing…I told her I took time off and she was like, "Good for you."

Just like it is important to build a healthy rapport with clients, Iris's reports indicate the importance of a healthy rapport with one's supervisor as well. She also shared how lucky she felt having her supervisor whom she resonated and connected with. One could argue that similar to sessions with clients, having this kind of rapport with one's supervisor may also strengthen the level of supervision effectiveness and the level of support the supervisee may feel. Dalia shared the role her supervisor played in being present with her, not trying to be prescriptive, validating and guiding her to become acceptant that she cannot save everyone. She explained it as follows:

> What was helpful was her being present with me, but not trying to fix me, like I was trying to fix my clients… Again, I think I said she does somatic experiencing…I was

> bringing a lot of my doubts about like being fit for it. Like, I remember talking a lot about like, “Is it supposed to be this hard?... Is it normal that I was struggling?... Is this a part of like adapting to this work or am I just like, not emotionally strong enough? What am I missing?” kind of thing. She was really helpful. She really related to like, this part of me that wanted to save everyone and do everything, being the best therapist, and she was like, “…That's not how it works.” So, helping me accept this.

Supervisors also supported participants through appraisal by providing them with information relevant to self-evaluation as they were going through burnout, rather than problem-solving. For example, Rose shared that her supervisor communicated to her that she was doing well and allowed her to rest in that rather than to solve issues. She quoted her supervisor as follows:

> “It sounds like you're doing good…you know, you're noticing that this is a boundary that gets crossed, we'll deal with it then, but right now you're doing well, but it's okay for you to feel like this because it's hard.”

Lotus shared the shift from holding her experiences to herself to opening to her supervisor and just talking about what comes up for her in session, which included self-criticism. She said:

> I think I have developed a skill to hold those feelings [feelings of incompetence, self-doubt, etc.] at a bit more of a distance. And what that allows me to do is actually tell my supervisor, because earlier in the pandemic, earlier in my career, like, I would feel all of that and just sit alone with it. But now, I'm able to say like… “This thing happened in my session, I didn't feel aligned with my client, and, I just rambled off a bunch of stuff that probably wasn't relevant. And then I felt like a really bad therapist afterwards” [laughs].

Supervisors also provided informational support to participants. For example, in addition to emotional and appraisal supports, Rose’s supervisor also informed her about private practice:

> I would show up to supervision and I would be a lot more anxious…So she did a lot more validating, and she was checking in a lot more with my self-care, and she was really trying to encourage me to reflect on my needs, and, obviously she never made any promises…but she was saying like "private practice is not as scary as you think it is. You will get clients, like, it's going to be okay" So, when I took that risk, she was supporting, she never encouraged me to do it, because I think that was unethical to do, because if I, it didn't work out, I'd be like, "I'm broke" but she always kind of encouraging me to be like, "listen, we can try to help you find a job working for an agency maybe or we can do this"…what I found most helpful from her, was just validation.

Dalia's supervisor disclosed about her own doubts, noticing and acknowledging the need to take some time off, doing so and its positive impact on herself. Dalia was also able to implement this information in her own life by going on vacation and feeling better upon her return. She said:

> She told me about her doubts…what she did…she noticed like after she takes vacation, she notices the buildup of like, overwhelm, or maybe like the weight of it, and then she says, when she takes a vacation, and she starts over again, she notices like, "Oh, I feel so much better. I was just getting to a point where I needed some time off." And, so that made me understand like, "Okay, maybe I do need some time off." And I took some vacation, and I came back and I felt so much better. So, I think that just hearing you know, her story and how she notices it coming up was helpful.

Iris shared her excitement to meet with her supervision to further gain information from her supervisor on ways she could have more boundaries and protect herself.

> I look forward to seeing her in March and just kind of, I want to talk to her more about like, maybe ways that I can protect myself and like have more boundaries to protect my

> nervous system from getting too much information from my clients [laughs]. She's also trained in somatic experiencing, so she helps me with that.

Lastly, supervisors also served as instruments in helping participants through this process. For example, Dalia shared that her supervisor used herself as a tool through somatic experiencing to help her tune in with herself.

> She was just basically making me tune in with my body, and… be present with my body and what was coming up. And, honestly, that's so therapeutic. Like, I was just noticing how good it felt to just listen to my body, to just be with it, not trying to avoid it, or, put it aside, repress it… She was just helping me be there with it. And she was there with me.

Taking Time Off Work. This code encapsulates participants' reports on the benefits and sometimes necessity of taking time off their position as psychotherapists. This included taking sick leaves or going on vacation to recuperate. For example, despite feeling a bit of guilt by taking a vacation, Dalia reported reframing her thoughts process and recognizing that the break was not only for herself but also for her clients because when she is not doing well, it impacts her effectiveness or productivity as a therapist.

> Since I'm in private practice, I make my own schedule… So, I was feeling a bit of like guilt, like, "oh, well, if I take two weeks, then some clients will see me for two weeks, and they've been seeing me every week. And like, I don't know if I can do that to them" … I was like, "Oh, I'm not taking vacation just for me. I'm taking it also for my clients because if I'm feeling like shit, I'm not going to be a good therapist."

The feeling of guilt was a shared experience. For example, Lotus, as previously mentioned, also felt guilty because she was still new in her career: "I was taking sick days, a lot, just to rest. And of course, all the guilt that went with that, still very new in my career." Nonetheless, she realized

that she was putting the time off for too long and took the time away. Her supervisor and boss encouraged her to take care of herself as well.

> I know that I put it off for too long. I ended up eventually taking a full two weeks off. and I know that I could have taken more. But I definitely pushed it. And at the time it was actually because I was doing the EMDR training and I was like, "…I don't want to miss this opportunity. I want to get this done, and then I'll take those two weeks off." And, yeah, I took those two weeks and literally just didn't look at anything to do with therapy. And it was great [laughs].

Personal Strategies in Combating Burnout

Participants also employed various personal/non-professional strategies to combat burnout, which I describe below.

Development of Self-Awareness, Mindfulness, Self-Reflection and Being Self-Compassionate. As previously reported, participants experienced difficulty with self-awareness of their internal cues of distress and burnout, and sometimes needed the support of others to bring it to their attention. This code describes participants' efforts in developing self-awareness and engaging in mindfulness, self-reflection in self-compassion, as means to combat burnout. For example, Rose shared her experience with mindfulness and intentionality in recognizing internal cues of distress and burnout, the ability to catch herself now and putting safeties in place for herself. Her report also answers the third research question (i.e., How has novice psychotherapists' self-care strategies changed as a result of experiencing burnout?), as she shared about what she does now as a result of experiencing burnout. She said:

> I think definitely recognizing, being more mindful and intentional with recognizing those internal cues, like, I catch myself very quickly, now, when I'm frustrated with a client…

> "What's happening here? Why are you so frustrated?" or "Why are you feeling this way?" … Like if a client attacks me… but how long does it stick with me? What kind of reaction am I having? How intense is my reaction? And is it carrying into my personal life? Recognizing all these cues, monitoring myself so that I can catch it sooner… putting safeties into place for myself has been helpful in counteracting it now, learning from past experiences.

One of the ways she reported doing this is by speaking to her partner about planning activities to separate work from outside work and they began taking walks after work. Similarly, after having reflected back on her experience of thinking to herself that she did not care when client were sharing their concerns in sessions, Lotus concurred the importance of checking in with oneself, keeping an eye on and figuring out what she needs that may not being met and honouring them, so that they do not manifest as compassion fatigue or indifference in session:

> It scared me, to have that little voice of literally, like, "I don't care." So that's something I've definitely kept an eye on and listen to anytime it's crept in. I'm like, "Okay, what do I need to do right now? … Is it a quick thing? Do I need to journal? Check out what's going on with me? Do I need a day off? Do I need a week off?" [laughs] Like, "What, what do I need? Do I need to make sure that this weekend is clear of responsibilities and just really take care of me?" But really just being conscious of that voice.

These sentiments were shared by Dalia as well, who also reported checking in with herself. The effort in exercising self-compassion emerged as particularly important in counteracting their feelings of self-doubt, incompetence, and inadequacy. For example, Dalia further expressed implementing greater empathy and compassion for herself, just like she does for her clients:

> I think this is just part of learning to be a therapist is separating yourself from your clients… not just after the session, but also during so I think this is the most important thing that I've learned is to like … the more that you're absorbed in their story, the more that you lose yourself in this, during this session, so learning to… hear their story, but still stay present with my own self. So, noticing the different sensations that are coming up when they're telling me about their traumas, noticing how I'm reacting, how it's making me feel. So, I'm staying present, even though I'm there for them, and I'm having empathy and compassion, I'm also having empathy and compassion for myself hearing the story.

Additionally, she shared that separating herself during the session was also important in facilitating her ability to then be able to separate herself after the session. She explained that being able to be there with her clients, but not "drowning in their story," which then allowed her to be able to leave those stories aside. She reported the significant of such shift, which included no longer overthinking about what to learn or do to help her clients all the time because this ability then gave her more space to spend time with herself and to do things that she wants to be doing. This served as the "foundation of what helped me kind of get out of this exhaustion."

Personal Therapist as Support. One of the strategies that helped with the previous strategies was the use of personal therapy. The work of psychotherapy involves holding space for people presenting with various mental health concerns, which can be a heavy load to carry. Participants reported the importance of having someone else hold space for their emotional discharge as well, provide emotional support and guidance in working on their own issues. For example, Iris's therapist helped her to recognize that she was burning out, provided psychoeducation, and suggested that she take care of herself. This helped her make the progress

that she has made. While a blurred line may be present between supervision and personal therapy, Rose reported not only the importance of having her own therapist but also distinguished supervision from therapy, as follows:

> I realized that like, as a form of self-care, it is so important to have your own therapist, any unresolved issues from your past, things that are going on in the present, just to have that space as well, that's yours… I need to create mental space sometimes to hold all of the trauma and all the grief and, it's not fair to myself, or to the clients if I don't work on myself too... And it's very easy, in my personal experience of it to distinguish supervision from therapy and like, I don't talk about my clients in therapy, I just talk about myself and my own experience. And if sometimes… my job is feeling like it's heavier one week, I can talk about that with my therapist, but never clients. Like that's my [giggles], that's my space.

Intentionality and Active Engagement in Creating and Finding Joy as a Building Block for Healing. One of the symptoms that emerged for participants was reduced enjoyment of things that used to bring them joy. This code captures their efforts towards intentionally connecting and reconnecting with what brings or brought them happiness and joy. Dalia, for example, who used to keep active, reported going back to jogging, making sure to get some natural vitamin D and a hobby she had started that brought her joy. She shared the following:

> So, during the summer, I made sure to spend time in the sun. I started exercising again, jogging, which felt really, really nice. Roller skating, a sport that I started, which was bringing me a lot of joy. So, finding things that was bringing me joy that I hadn't been experiencing during that time.

Lotus highlighted the importance of setting some space for joy and one's passion and engaging in activities that may help to enliven the purpose one decided to enter this field, for example:

> It's that purpose piece and, like, space for joy and passion… I think that's such a big thing in this career for longevity, whether there's a pandemic or otherwise… reading things about therapy or about mental health that I enjoy reading, and make me passionate about the work. Attending trainings that can like enliven that again, and make me feel like a student again. Because there's nothing worse than, like, waking up and just being like, "I don't want to do this today." Remembering that it's actually a very cool job.

Another intentional act included a change of environment, as Rose shared, which facilitated in her being ability to disconnect from clients. Her partner accompanied her during this process as well, which also highlight the importance of personal social support, discussed on the next section. She said:

> We started to schedule, not so much right now, but at that time, one weekend a month, we would go to an Airbnb, even if it was just in my city, it didn't matter. It was just like, not at home! [laughs]… we would order in takeout and make a night out of it. Like, we would pick a movie and we would eat dinner at the table… it was an intentional date night, but just at home because we couldn't go anywhere. So, it was incorporating these things started to make it a bit easier to disconnect from my clients.

Family and Friends as Social Support. Participants also reported the immense support they received from their family and friends, from encouragement to exploring alternative options, to providing an alternative place to stay in to recuperate. They provided both emotional and instrumental supports. As previously mentioned, Rose's partner and family, for example, helped her realize that her mental health was more important than money:

> It got to a point where I was so burnt out that I ended up just like with his support, and I was talking to, like social support, I guess is the answer is they all told me like "Your mental health is just so much more important than money"… you obviously need money to survive, but I had a little bit of a buffer that I could make it four months ish, and then I could look for another job. So… I quit my overnight job. And I said, "You know, I'm just gonna go into full-time private practice, see how it goes, hopefully it goes well."

Rose also shared that her partner, whom she reported being more logical than emotional, sat with her and went through her finances which gave her a sense of comfort that she was going to be okay for some time without exerting herself too much. Lotus reported the significance she places on her social relationships, which she finds helps her and is one of her self-care strategies:

> What was I doing for self-care? Like, my social relationships have been super important to me always… I'm saying this and I'm looking at a framed picture of me and my girlfriends next to my computer… those relationships have always, always been important to me, and always, always made sure there's time for that, which helps me.

Additionally, she shared a specific example of how her friendships have helped her with coping when she was burned out:

> I've filled three journals over COVID… a mutual friend of me and my best friend… invited us into this like journaling challenge… I think it was 30 days, and it was like each day there was prompts. And it was about self-care. And she thought of each of us and I kind of laugh in retrospect, I'm like, "Oh, she thought of me because yeah, I was burned out." So, it just helped with that accountability, that initial start. So, the three of us would actually share our journal entries, which is incredibly vulnerable… the other friend and I have kept it up… And there's no prompts, but, we still just are there in that space for us

> and it's just mind blowing to me how much I've been able to learn about myself, just through writing.

Participants' families also provided instrumental support. For example, Rose's sister allowed her to come to her place for a girls' night and sleep over, which, as previously reported, also provided her with a different environment which helped her to combat burnout.

> It's kind of funny, because I never thought in my life that this would be a thing, but I do a girls' night with my sister once a week. I sleep over at her place. I actually go to her place and sleep there, which is just so nice to be like somewhere else. Yeah, that's so much fun. We just, like make food and watch TV. Again, I'm doing the same things, but it's just in a different space, working from home and living at home is just weird.

Similarly, Lotus's parents provided their home as a haven that allowed her to recuperate from burnout. She reported the following:

> My parents live like outside the city… really nice isolated little property with a beach front, like it's gorgeous, it's their little retirement dream. And that's where I spent the first of the two weeks… my dad was very thrilled to be cooking me meals, and I was like, 'Oh, I don't have to do anything for myself. This is exactly what I need" [laughs]. I think it just, it took me way too long to get to that point. Like to be able to say, "I need to totally check out of work and go somewhere where I can be cared for."

She reported how fantastic it was to be cared for and shared her mother's report of having noticed that her symptoms of burnout were decreasing over time. She said:

> I remember my mom telling me, she noticed with each day I was there, it just looked like my shoulders were going down further [demonstrates shoulders going down], like, each

day I was there, like "You got here and there was definitely like, activation and stress" but then I was able to settle in, like gradually each day.

Theme 3: The Meaning of Self-Care

This theme summarizes participants' conceptualization of self-care, broken into the following two categories: (1) Defining self-care and (2) shifts and changes in perspective as a result of experiencing burnout. Moving from strategies used as intervention or restorative approaches to combat burnout, this theme, accompanying categories and codes highlight self-care as imperative, provide preventative strategies and provide answers to the third research question on inquiring about how novice psychotherapists' self-care strategies changed as a result of experiencing burnout. Table 4 outlines the two main categories and the associated codes representing this theme.

Table 4

The Meaning of Self-Care

Categories	Codes
Defining self-care	Self-care as subjective, individualized, and non-linear
Shifts and changes in perspective as a result of experiencing burnout	Self-care as addition and subtraction
	The need for intentional self-care and setting boundaries

Defining Self-Care

Taking care of oneself encompasses the broad scope of measures an individual takes, which may not look the same for another person, but despite the differences in measures taken, each individual may be self-caring.

Self-Care as Subjective, Individualized, and Non-Linear. Participants reported that self-care is subjective, individualized, and non-linear. That is, it is a multidimensional and multifaceted process. To note, it is a process, and it encompasses a myriad of measures or strategies. For example, Lotus explained that self-care is all encompassing of who an individual is and making sure that individual needs are being met, not only directly related to direct work with clients, but also ensuring that one gets sufficient sleep, grounds oneself, exercise self-compassion and more. In a way, it is like taking care of oneself in a similar manner they suggest their clients do. Moreover, like a pie chart, one person's 20% may go towards social support and be satisfied with that, whereas another individual's piece of the pie for social support may need to be 35%. Another person's self-care may be reading, like Dalia for example, but another psychotherapist may not feel a significant amount of self-care by doing the same act. Thus, self-care is subjective. Rose explained the idea of whatever an individual's self-care may be, it must be the right fit for them, and also explored boundaries in her own life:

> How would I describe it? I think it's very subjective. I think that self-care can look like an infinite number of things, but it has to fit for you… It can be as simple as a bubble bath, which is this typical self-care thing. But, it can also be, for me, setting boundaries, which has always been a little more challenging, because sometimes when I get to a weekend, my mom or a friend will be like, "Hey, do you want to hang out?" and I have to say, "No. I do want to hang out, but I can't because I just need to be quiet. I need that time." So, saying no, setting boundaries.

Participants also discussed self-care as not only being the typical activities portrayed in media about self-care, like Rose shared above, but the mindset of the doer and the purpose behind it. Dalia conceptualized it as follows:

> I kind of see self-care as like… going into two different things where one is like… activities, routines that you do to just feel better, like, things that you enjoy doing… recharging, are good for you. And then, I feel like the other part of self-care is self-compassionate, like being there for yourself, like being present with yourself. Making sure that you're staying true to yourself, putting yourself first I guess, I would see as self-care. So, it's not only doing these specific activities… it's also making sure that, you know, you're putting yourself first, you're listening to your body. You're taking the time to be with yourself… and making these decisions that are good for you.

This seems to highlight the *self* in self-care, the individual behind the person and the individual knowing the individual behind the self-care and making sure the individual's needs are being met. One can only be able to do so by having space and time to do so, which Iris discussed. When asked what the meaning of self-care is to her, Iris reflected on what it is now after experiencing burnout, which I explore in greater details in the following section. Iris reported the following:

> I really think if I had to like, describe what I think self-care is now, it's not about the act, but it's about having enough space and time to really check in with what I need, with what you need, and then be able to do them, do those things, you know, it's coming from inside. It's not like, "Oh, yeah, I didn't exercise three times a week, this week, so I should workout right now" like, that's not coming from you, you know, from the inside.

Iris described self-care as having sufficient space and time to engage in those activities and checking in with oneself, indicating that for an activity to be considered as self-care for a particular individual, they may need to have their personal why or purpose attributed to it.

Shifts and Changes in Perspective as a Result of Experiencing Burnout

Self-Care as Addition and Subtraction. Despite the various components of self-care, every participant also discussed that self-care can be viewed as addition and subtraction. Their experience of burnout made them realize that there were certain things that needed to be added into their lives to facilitate self-care and other things that needed to be removed out of their life or reduced. They reported making changes in scheduling to foster routine, allow for sufficient breaks and having a longer time off. For example, Iris reported changing the way she scheduled her clients to foster routine and stability in her life, and boundaries. This is what she did:

> I changed the way that I scheduled clients. So instead of scheduling them like whatever, they just told me when and then I put them in. So, what I've done is I scheduled them in a repetitive loop, I guess, so like, a client will say I want to be seen monthly on Tuesdays at one or I want to be seen weekly on Thursdays at nine… so that gives me a lot more routine, a lot more like stability. And it also helps my clients.

Additionally, Iris reported giving herself a longer break. Rose also began scheduling clients differently in a way that allowed her more time off. Like Iris, she also set stricter boundaries with herself and clients, which I explore further in the next section. She shared:

> It turned into, with the help of my supervisor, scheduling clients differently so I started to make, which is it's still apparent in my schedule, like, Mondays and Fridays are not as busy, so, my weekends tend to be longer. So, having a bit more time off, I'd rather have it like that, so that I can have that space. Saturday and Sunday, I spend with my partner, but also, I get some time, just quiet as well. And I don't answer emails on weekends.

Dalia also concurred the need for breaks and utilizing them: “Another aspect of the self-care would be like making sure I have breaks, a full lunch break, and those 15 minutes between sessions to do whatever I need.”

The Need for Intentional Self-Care and Setting Boundaries. This code showcases participants’ emphasis on the importance of intentionally engaging in self-care, naming it as self-care and not just a checklist. For example, Dalia reflected on how the same activities that used to bring her joy were no longer doing that and how she needed to be intentional with it again.

> I realized that the things that I was doing, because I mentioned, like, the things that I was doing wasn't bringing me the same joy, or I didn't feel the same, because it was just the activity. It was just playing guitar. So, when I started feeling a bit better, I realized that like, now, it's not just about playing guitar, it's also being there for myself and having my own things and… I guess it's going through that period of things not feeling the same that I wanted to make it different. Like now I want to go back to these activities that I was doing, but with a different mindset, with a different intention, intentionality.

In a way, self-care is about going from passive to embodiment, which Iris also discussed:

> I think a big part of it is space and time, to arrive, land, check in, with yourself, you can take a bath, you can like put your makeup on, you can dress nicely, you can exercise, but you can do that without really taking care of yourself. And I was doing those things, but I wasn't embodied when I was doing that, I wasn't really present. So, what I feel like I've learned from this is that I need space, enough space and enough time to like, just come back to myself… There's a space to be creative, to learn something new.

One important piece of this is also naming self-care as self-care, to gain its benefits as a way one cares for oneself. One cannot gain benefits of what he or she does not notice. Thus, participants

highlighted the importance of bringing it into consciousness. When asked whether they were engaging in self-care prior to experiencing burnout, Lotus explored conscious consideration of self-care and how empowered she felt to recognize and name it:

> I think that I was, but maybe didn't call it that. And, probably less intentional about it… I've always enjoyed getting outdoors and getting that fresh air. But again, I don't think I called them self-care. I don't think it was a conscious consideration of, "I need to go move my body. I need to go feel the sun on my skin. I need to have a meaningful conversation with someone I love" like, I don't think I recognized what I was doing. And it's a lot more empowering, to be able to recognize it and name it.

Rose concurred and shared the idea that once one's opportunities to engage in self-care have been limited, which seem to also touch on Iris's and Lotus's discussions on having adequate time and space, it forces one to be intentional with their self-care to prevent getting lost in burnout. The following is Rose's explanation when asked if she engaged in self-care prior to experiencing burnout:

> Probably, but I don't know that I called it self-care. Like, I think I just had my life outside... again, like the pandemic really put things in perspective [giggles], because that was no longer happening naturally. So, I think before self-care just happened, because I had access to things, weekly, and I would just plan things because that's what we did… so I would just leave work and just go to my plans, or, I would just sign up for an activity … But when everything shut down, that's when self-care I think became very much more intentional. And I had to call it self-care, because if I didn't, then I'd just… get lost in the burnout… it's weird to reflect back on like life before [laughs].

Finally, participants reported the importance of setting healthy boundaries as necessary for self-care. For example, for Rose, this included communication, having access to her, setting expectations and being firm with them. She shared:

> I guess communication is a big one then, boundaries with communication, boundaries with access to me as a person, as a therapist, setting expectations with clients about response time, don't email me… the hardest thing, I think, out of all the boundaries, implementing the cancellation policy. I hate it… I had to put into place because I was suffering financially… Yeah, it also is self-care because I can't take on other people's stuff, "Listen, you committed to me, I committed to you. And, if nobody's in danger, you could have canceled yesterday" [giggles].

Further boundaries included having conversations with clients that she was not a crisis line. Rose reported that this was to help set her clients up for success and for her boundaries.

> I have conversations with them now, which I didn't before about, like, "I'm always a resource that we can schedule, but I'm not a crisis line… so when you're feeling that way, are there other resources that you could reach out to at that time… I didn't email you back at 10pm. What was that like for you?" So, having these conversations with them so that they're set up for success in outside of me and I'm set up as well for boundaries.

Setting boundaries was not only limited in the work with clients, but also at home with family. For example, Iris reported being a mother and a wife and she shared setting boundaries with her own children at home. Her reports below also indicate the importance of not making exception and sticking to one's boundaries. She said:

> It meant like claiming, like, when my babies were old enough… I had to put boundaries like, "No! Don't jump on me right now. I cannot touch you right now" … I guess that's

> another part of self-care, is like having boundaries. And I guess that's what gives you the space and the time is to put boundaries. I think that's how I self-cared.

Iris further explained that when she started her private practice, she had strong boundaries at first but then she began letting things slide slowly, making exceptions here and there and finding herself no longer having the strong boundaries she initially had. This experience seems to further highlight the importance of sticking to one's boundaries, as also previously reported by Rose. Another way participants reported setting boundaries included setting a signal or cue for themselves to indicate the end of their workday, putting that part on the side so they could be present in their own life and with their loved ones. For example, for Dalia, that looked like closing everything therapy-related:

> I think the first thing is… clearing everything up, like I will finish my note… so that I can close my laptop and create that boundary, like, "Now I'm done work" and I can put it aside. So, if I have these notes that I haven't done yet, or these receipts that I haven't made, it's going to be really difficult for me to separate, and to be able to do my self-care.

For Rose, it was communicating with her partner and setting a routine for themselves to go for a walk at the end of their workday.

> I've already spoken to my partner, I've said, "you know, think I would like for us to plan things to separate work from outside of work" … now he knows when I finished work, he's got his boots on and like, I come downstairs, we go for a walk, and that is like the signal that the day is done. The fresh air just changes my mind, and then I come home, and then it's, it's just different.

Theme 4: Ethical Considerations

Many of the previously explored experiences can be considered ethical considerations, such as not maintaining boundaries, reduced capacity to provide counselling and psychotherapy and countertransference. The emphasis of this theme is possible considerations that are not often discussed, such as balancing finances and ethical practice, caseload and workload and working as a specialist, generalist, or niche provider. There seems to be some blurred lines in the profession. Different aspects of this theme address all three of the research questions. Table 5 outlines the three main categories and the associated codes representing this theme.

Table 5

Ethical Considerations

Categories	Codes
Balancing finances and ethical practice	Dealing with financial barriers and difficulty trying to make a living
Caseload and workload	Learning and honouring one's own capacity
Specialist, generalist, or niche provider	Treating a variety of presenting issues

Balancing Finances and Ethical Practice

Participants shared their concerns regarding the sometimes conflict between providing an ethical practice and making a comfortable income.

Dealing with Financial Barriers and Difficulty Trying to Make a Living. Psychotherapists use themselves as tools to provide psychological mental health support to others. As such, this code encapsulates participants' difficulty dealing with the toll inherent in the field while engaging in SEUS and trying to make a comfortable financial standard of living.

Two participants' experiences which best demonstrate this code are examined here. Rose shared a time when she was still a student and she asked one of her instructors about how are psychotherapists expected to survive financially when they are not working:

> I don't know that we talked about it enough in school, and I still struggle with one thing. And I remember asking… Professor B… "They're saying that it's unethical for therapists to practice when they're burning out or when they have their own stuff going on and it becomes too much, but how do we survive?" … So, it's such a struggle to balance that ethical piece, which you'll always have in the back of your mind, and safe and effective use of self which is always running the show, with the demands of society [giggles].

Rose further discussed having to put certain goals on pause and exercising patience to get herself to a comfortable spot financially. She discussed the uniqueness of the field which requires one to fall back on their ethics, which can mean not being able to sustain oneself comfortably at times.

> And it was so hard because my dream at that time was to have a full practice… in order to be financially very, very comfortable and stable in the long run, and student debts and all this, of course, I want to get myself up to that point, but again, we're in a very unique field, where, you have to fall back on your ethics, too. So, you're trying to balance your own, like financial needs, just your own boundaries, your own time with also your clients caring for them in way that's ethical. So, it was, yeah, definitely boundaries were being questioned at that time, and I cannot emphasize supervision enough.

This is particularly evident when a clinician is trying to honour their capacity but needs to seek supervision more often when new concerns arise but have to pay out of pocket when they are in private practice, or seeking an additional supervisor. Rose further explained her experience as follows:

> Sometimes I feel like I've had a crash course in everything this year…and this is all stuff that if I want guidance, I have to pay out of pocket. Like, so it's a balance between like, how long do you hold these things? How do you book this supervision? How do you get that support? Without being bankrupt? Like… supervision is the price of a therapy session, right?

Financial concerns are not only evident in private practice when a clinician is not seeing many clients, but also when working as an employee. For example, Lotus, who works in a community setting, shared similar sentiments and having to work full-time hours to sustain herself.

> Financially, I have to work full-time. And so, how do I make that sustainable? And so far, a big piece of that is pay, so, my Thursday's like, being a clinical lead feels different than sitting with clients. It's still demanding, but in a different way.

Furthermore, when discussing the well-known belief that no one enters this field to make good money, Lotus shared her experience with this belief:

> I remember that being a joke too, in my masters of being like, “Yeah, nobody becomes a therapist to get rich” like, “This is not a lucrative career by any means” but that often came hand in hand with the whole idea that like, “This career is a calling, not a job” like “It's who you are; It's not what you do.”

She further explained how this made her feel as being one of those people whose calling was to support others in a therapeutic milieu:

> And, I think that's something that at first made me think like, “This is so cool. This is who I am” like, “We're special kind of people.”

However, with experience, this belief has shifted. Lotus reported that this sets people up for failure. She explained that they are human beings first who are also psychotherapists:

> And at this point, I think it's total crap, and I think sets people up for failure because, you're a person first. You're a person first, and some days you need to not be a therapist… it's this ridiculous setup like you're… a martyr… "sacrifice all these things for the cause of caring."

Caseload and Workload

The management of a caseload and workload emerged as an important category for ethical consideration. This is explored below.

Learning and Honouring One's Own Capacity. This code highlights participants' belief on the potential negative effects that having a large caseload may present with, calling for the need to identify one's ideal caseload and workload as they impact one's wellbeing. Iris shared her experience with coming to terms with her limit and belief that it should be respected and honoured.

> Well, I definitely learned that… some people can't see as many clients and that's okay [laughs]. We all have our own capacity, and like, that's fair. So, everybody has their own limits, and we should respect and honour those limits. I also learned that, I think even just talking to you has been really eye opening, because it's like a space for me to just reflect, and I think when you asked about… what self-care means to me, and I'm kind of like, "yeah, I need space and time" … and in order to have that I need boundaries [giggles].

Lotus reported learning about her limit quickly and honouring it despite the community setting's expectation of a larger caseload. She also shared the importance of taking breaks between clients. She said:

> The expectation, like used to be five a day, and I learned real quick "there's no way of doing that" and even before like, I realized if… I did a day of four back to back, like if

> that was full, I would feel pretty tired… So, I started kind of doing "Okay, I can do four a day, a couple days a week, but maybe free the other days" being more flexible with myself for that. And reminding myself that I have my managers' support, like they have my back.

Whereas in private practice, a psychotherapist can choose the number of clients they see a day, certain community setting may have a specific number of clients they expect their employees to see, which can possibly be too overwhelming for a novice who is still trying to explore what works and does not work for them. They may not even have the opportunity to do so. Dalia, who works in a private practice group and not in a sole private practice, recommended a four-day work week for those working in this profession. She reported viewing it as a necessity to allow for sufficient recuperation time:

> I would recommend four day a week for everyone. Like, it's really great, but it's also like, I need the three days to recover from four days of being emotionally supporting people. It is a luxury, but I feel like it's also a necessity. I didn't make this decision because like, "Oh, I don't want to work a lot." No, I made it because I need to be okay to then help people. And that's what I need.

Rose, for example, found herself being in an ethical dilemma, wondering whether she needed to stop doing consultations for new clients, whether she needed to consider referring out and other concerns. She shared:

> I feel like I have a very skewed view or understanding of the field, because I jumped into it at the beginning of the pandemic… At the beginning of the year, I was getting five or six consults a week. So, I was like, "Oh my goodness!" So, it became this weird balance of I wasn't losing clients, but did I need to put a stop on consults? Did I need to refer out?

> Was it ethical for me to keep taking on clients when I was feeling this way? What was my limit? So that was where I was at, at that point. [laughs].

These results seem to indicate a potential gap in available steps to guide novice psychotherapists in manipulating these types of situations. One consideration came from Iris who explained knowing herself as a highly sensitive person and as such, she cannot see as many clients as others who may not be as highly sensitive as she is. She said:

> Also like, because I'm a highly sensitive person, it's like, I cannot take on as much as other people. Like, I can't do as much as other people. I can't, it's all too much. So, everything is bigger, right? Everything is like more information to take in for someone who has like more sensitivity.

Perhaps, recognizing similar things about oneself, like being a highly sensitive person or perhaps dealing with a diagnosis that might make it more difficult to see several clients a day may be used as a step into identifying one's caseload and workload in a private practice setting, for example. In a setting where one is working as an employee, like in a community setting, it seems to be important to have receptive employers who are open to having these discussions with their employees and be willing to accommodate as needed.

Specialist, Generalist, or Niche Provider

This category reflects participants' experience working with different clients' presenting concerns and the potential impact of specializing or niching in particularly difficult presenting concerns.

Treating a Variety of Presenting Issues. This code reflects the sentiment that treating a variety of presenting concerns may help to lessen the intensity of emotional load a psychotherapist is taking on in their role. For example, Rose shared that a contributing factor to

her experiencing burnout was the change from the clients she was seeing in practicum versus those she began seeing as an EAP counsellor and in private practice. In practicum, she saw a student population who presented with issues like depression and anxiety, but they were previously screened by her practicum supervisor to ensure that she was going to handle it. However, when she began working as an EAP counsellor, she began supporting clients presenting with imminent risks. She said:

> The second thing that contributed to what ended up happening was, I was going from my internship site, which is like young students who are experiencing like anxiety, depression, grief, but they get screened, right? The supervisor screens them, and she sends them to the interns and she tends to make sure that the interns get things that they can manage. No, the crisis line, like people were calling in with imminent suicidality… they were on the edge of a bridge, or they had a knife in their hands, or… it was imminent, and it was talking people down.

Dalia shared this sentiment as well, as she experienced a shift from the clients she saw when she was a psychotherapist-in-training to the clients she began seeing in the private practice group setting, which she shared was a lot for her brain to process:

> I did it at a university counseling service, so a lot of… "Oh, I'm stressed about school," like, "Okay, let's explore the anxiety" or "Oh, like, I'm depressed, I don't have lot of motivation" but now, I was opening the door to trauma, like childhood trauma. And, that was something that I was really not used to and, it was difficult just hearing… some difficult stories… accumulating all of these hard stories and emotions from people I think that was really hard, like, my brain was trying to process the information, but it didn't know where to put it, because it was like, so different, and it was a lot.

However, specializing or niching seems to not be the biggest issue and it can also be used as a tool to get clients, but it is the type of niching, which can impact the extent to which someone experiences burnout. For example, Rose shared the following:

> Depending on the niche that you work with, it can definitely impact how you experience burnout, or at least stress from work. I remember… Professor A… taught crisis intervention, and we did a little piece on grief, and I was so interested in grief. And I remember him saying, "If you only do on grief, it's easier burnout than if you have like a more variety, because if all you're doing is sitting with people's grief, there's just so many more risks as a therapist if you're not taking care of yourself, than if you're just working with just a whole variety of presenting issues."

Rose then reported that even with the type of niching she does (i.e., grief, loss, trauma), the intensity of the sessions can go from fluctuating, which can be difficult to process, to looking the same. She said:

> So, as I'm niching, and I'm working more with grief, loss, trauma, the intensity of sessions is starting to look the same client per client, right? People are coming in distress.

This seems to come with experience as well. A slower progression to seeing more complicated presenting concerns seem to be the better approach.

Theme 5: Recommendations

This theme encapsulates participants' suggestions for students, new graduates and counselling and psychotherapy programs and curriculums to minimize the risks of experiencing burnout, maximize the importance of self-care and highlight it as imperative. The two main categories and the associated codes representing this theme are outlined on Table 6.

Table 6

Recommendations

Categories	Codes
Recommendations for students and new graduates in the field	The importance of self-exploration and self-discovery
	The importance of having a community of mental health practitioners
	The experience of burnout is non-linear
	Educational program and curriculum training as baseline for additional training
Recommendations for counselling and psychotherapy programs and curriculums	Increasing wellbeing promotion and psychoeducation
	Emphasis on self-care and honouring one's needs

Recommendations for Students and New Graduates in the Field

Participants were asked what they did not know prior to starting their psychotherapy practice that they would like others entering the field to know, regarding burnout and self-care. They suggested the following recommendations:

The Importance of Self-Exploration and Self-Discovery. Every participant discussed the idea of presence, that of being present with oneself and "checking in" with oneself, which can also be facilitated through personal therapy and supervision. I present the recommendations on personal therapy and supervision in the following sections. Participants recommended that anyone considering entering the field should develop a strong sense of self. For example, Dalia suggested ensuring that one does their own work:

> Making sure that I'm doing my own work. That's so important. And that's the, second category of self-care, like… seeing your therapist, but isn't a concrete thing that you can do, but that means like you're doing your own work, and you're being really present with yourself and you're aware of when you need the extra help or not.

Similarly, Rose suggested to learn about oneself as a human in general, as a person and as a therapist and building one's sense of self.

> So, someone going into the field, I would say, "You are human. So, learn who you are as a human, who is a therapist, because it might be different than you as a human doing something else." So, "Learn who you are, as a therapist, and as a person, really prioritize the importance of building up your sense of self outside of therapy, too."

Lotus added to these recommendations and suggested intentionality, to not feel bad for having human needs because a psychotherapist is a human before anything else, as well as not forgetting that:

> It's important to make it intentional. It's important to have regular practices, like things that you're going to do every day or almost every day that are for you… to not feel bad about being a person [giggles], for having these needs. Like I know it sounds silly, but I really do think sometimes therapist forget that. But like we have to take care of ourselves.

Another recommendation is to remember to practice what one preaches, reflecting and being connected with one's experiences. Dalia shared the following about these suggestions:

> So, I think, practice what you preach… I always tell my clients "Self-awareness is our greatest tool… the power that we have to notice things is so important" … if I'm noticing I'm going back to this exhaustion before catching it when it's too late, or it's too intense, like no, I'm noticing as I'm going through it. So "what can I add to my day? Or what can I

> remove from my day? ...Do I need to go into a four-clients maximum?" Like, that's okay, I'll do it if I notice it happening. So, I think…that's self-awareness, being connected with my experience and reflecting.

The Importance of Having a Community of Mental Health Practitioners.

Participants recommended that therapists should be in therapy themselves and be surrounded by fellow mental health practitioners. For example, Iris, who reported having her own therapist, strongly suggested that everyone who does the act of therapy should have their own therapists. She shared her belief that it should be a part of ethics for anyone who works with people:

> I definitely believe that anyone who does therapy needs to have their own therapist… it definitely should be part of our ethics. I think it should be part of any person's ethics that work with people. Like [laughs], doctors, I'm like, "why aren't doctors seeing therapists? They see so many traumatizing things, and they're not processing it. Like, that's gonna impact their work, you know?" So yes, that would be a good one. Yes! Get your own therapist! Ooh, that's a perfect one. I think that's my advice for them.

Dalia delved into the importance of having a community of mental health practitioners because, unlike family and friends who may not be in the profession, fellow mental health practitioners are in a unique position to understand and validate. She remarked:

> So, there's kind of that weird, like, disconnect maybe with friends or with family with sharing those kinds of things. So, I think that's why it's so important to have a community of therapists or mental health workers, because then you understand each other, you have the experience or the knowledge and you feel more comfortable. I guess even just being real and being honest and open. So yeah, for sure, really, really important.

Lotus validated the importance of feeling that level of support and added that asking for validation should be normalized because practicing as a therapist is difficult:

> It's funny because, all the things I want to say, I think someone probably did tell me [laughs]. But did I believe it, did it?... one of my intern supervisors… was like, I don't know, parting advice to me, it was to "not be afraid to ask for validation when you need it" … And, you know, almost five years later, I keep remembering that I'm like, "Yeah, that was excellent advice" because this job is tough.

She further explored the difficulty in asking for validation but raised the need to normalize asking for it in this profession. She recommends finding someone, whether it is a supervisor, a mentor or a colleague, who can provide that:

> And, there's not always enough opportunity to be told that we're doing a good job. And it's hard to ask for validation. It's hard to say like, "Hey, I need some," [giggles] "I need a boost." Just like normalizing that in this profession, you do need to ask for that, and it's normal to need that… you know enough to know if you feel supported by your supervisors, or your mentors or your colleagues, whatever… to find someone that's going to give you the validation that you need, proper guidance. It's such a tough job [giggles].

The Experience of Burnout is Non-Linear. Participants also wanted to let those entering the field know that the experience of burnout has no specific beginning and end, but it is rather a process of learning, unlearning, balancing and rebalancing one's perspective and lifestyle. For example, Iris explained that it will be necessary to go through the process of unlearning what one may have learned about putting other people's needs before their own or not addressing their own needs altogether. As such, once an individual recognizes and accepts that

their own needs matter too, they would need to decide how they would undertake honouring them. Iris recommends the following:

> Know that like, if you want to avoid burnout, you know, you're gonna have to do this work of unlearning the idea that your needs don't matter, and you're gonna have to do the work of like, honouring your needs and figuring out how you want to do that.

This, however, will be a process and as Dalia stated, it is like a muscle that would need to continue being exercised to build. Additionally, Dalia expressed that burnout may be inevitable for novice therapists, but that it can be used as a learning opportunity. She said:

> It is hard, especially when you're starting. I feel like it's a muscle. So, it's something that you have to do it over and over again, before you're good at it. I think probably every starting therapist is gonna go through this, it's just learning, you know, the job of being a therapist.

She further explained the necessity in being able to separate oneself from where clients are, which can only happen by being present with oneself as well, to then be able to be present with clients and effectively support them:

> And when you're so involved with the part of you that wants to help and to save, then you're much more likely to just jump in there with the client and try and save them. But you’re putting yourself like where they are, but you need to be where you are to be able to help them so that, again, that separation is really important.

This seems to highlight that clients’ issues are not the psychotherapist’s issues. This goes back to what both Iris and Dalia had mentioned about absorbing themselves in their work and taking on clients’ issues as if they were their own. Lotus concurred that this is a learning and a growth experience and shared her own experience of coming out of this with so much growth:

> This is gonna be super cheesy, because it's been that perfect storm… I've grown more as a person in the last two years than at any other point in my life… I really do think it's this challenging period of like, being pushed to really look at myself, really look at what I need, what I want for myself.

She further shared the increase in confidence and developing the ability to notice the feelings of incompetence and self-doubt arise, but no longer taking over how she views and feels about herself.

> I've become a lot more confident in myself over the last two years… being able to notice the feelings of incompetence, the feelings of doubt, still come up, but they're at a distance. Like I'm able to kind of say like, "That's what that is" and it doesn't knock me out. It doesn't knock me out in the same way.

This seems to highlight the importance of self-awareness, working on oneself to get to this point and acceptance.

Educational Program and Curriculum Training as Baseline for Additional Training. This code reflects participants' recommendation that counselling and psychotherapy programs and curriculums should be viewed as a baseline for additional training post-graduation. They highlighted the need for developing and increasing one's knowledge and expertise and the importance of being willing to be a lifelong learner. For example, Rose expressed that there are so much to learn and suggested additional training, as reported below:

> I would say, think about what matters to you, think about what you're interested in and do training, definitely do training. University is a good baseline, but, there's so much to learn.

She also shared that learning is for the benefit of the therapist as well as their clients and additionally, recommended those new in the field to take care of themselves:

> Learning will help you as a therapist and learning will help your clients. And, grand message here is self-care, right? Take care of yourself, you are human, you will feel things, right, you're not a robot [giggles].

Dalia shared the same sentiment and her lived experience of learning a lot from more experienced therapists and in trainings:

> I think, the continuing education that you have to do for being a therapist, like there's so much information, valuable information that these experienced therapists kind of give to you and I think I learned a lot from the trainings that I did like, you know what best way to learn how to do self-care from an experienced therapist that has been doing that their whole life, right?... I gained a lot of really good things to do.

Dalia further shared that learning is part of the field and from her experience, the therapeutic relationship is not necessarily a one-way street, because she learns a lot from her clients as well, as shared below:

> And, I think this is part of the field, like, every day, I learn from my clients so much, like it's not a one-way street and psychology is so broad, there's so many things to learn that we still don't know. So, I feel like it's part of the field. Like there's so much to learn, and it's really exciting. I just want to know more, I guess.

Lotus also suggested attending trainings and in addition to the other participants, as previously shared, suggested trainings and other means that “can enliven that again, and make me feel like a student again because there's nothing worse than, like, waking up and just being like, “I don't want to do this today.”

Recommendations for Counselling and Psychotherapy Programs and Curriculums

Participants reported thinking that there seems to be a gap in knowledge about burnout and self-care as part of their training in school. Most participants reported talking about self-care in school, but it seemed like surface-level reminders rather than deeper discussions about the two constructs, which did not make it as real as what they experienced when they started their career.

Increasing Wellbeing Promotion and Psychoeducation. Participants reported the need for candid discussions about the reality of burnout and its signs. This seems to be in-line with their previous reports regarding the lack of self-awareness on the signs of burnout, which, perhaps, may have been prevented or the intensity may have been reduced should they have been previously given the opportunity to reflect on this in school. For example, Dalia reported that when she was in school, instructors would suggest that they practice what they preach, but the gap of why or to what extent doing so was important was lacking. She reported:

> I think like teachers or you know, mentors, were always saying, like, "practice what you preach" … It's always been there, but I don't think they explained why or to what extent it's important or what you might notice if you don't do that, or the signs to look for if you're not doing… like all of that wasn't there. It was more like "Oh, we're saying practice what you preach" just to like, "Okay, well, we did our job" like "They're prepared now, they know that." Well, no [laughs].

Additionally, Dalia shared of the adaptation period that novice psychotherapists go through that was not spoken about in school and the possible gap in literature about this. She remarked:

> I don't remember my teachers talking about like, how it might be. There's maybe like this adaptation period that no one mentioned. I'm sure the literature is there, I don't know, if you're studying this means that there might be like a lack in literature about this, right?

This adaptation period, as participants reported, was difficult and they felt unprepared for it. For example, Rose shared that both her and her cohort seemed to not have realized how difficulty it was going to be. She also shared the importance of being self-compassionate and intentional in one's well-being during this process. For example, she said:

> Being mindful and being self-compassionate and intentional, it's just so important. It's as important as they say… I think all of my cohort, we were all like, "Yeah, but, we'll be fine." No, you need to be mindful and take care of yourself, because you're taking care of so many other people.

As such, it is not surprising that novice therapists, like Iris had previously shared, may understand the signs of burnout as potentially another condition they may deal with. For example, anxiety or thinking "Oh, no, actually, I'm just overwhelmed" as stated by Iris, or internalize it as incompetence and not fit for the field like the other participants had also shared. Iris explained the following about the nervous system as it relates to these recommendations:

> I was down here [touches the lower back of her head], the limbic system… my therapist was joking… but she was like, "you know, it's like, there's a fire alarm in your brain. The fire alarm is like, "Iris, get out of here. It's not safe"" and I'm like thinking 'well, what is it?... I don't see it'" like, the prefrontal cortex is like, '… Well, what is it?'

She then shared that this is when anxiety might emerge due to the prefrontal cortex's inability to reason what may be happening when going through such an experience. Thus, anything that may seem plausible may be what an individual experiencing burnout may refer it to, whether it is anxiety, feeling overwhelmed, not being strong enough and other symptoms related to burnout. Iris said:

> And then the anxiety steps in and… this is where your prefrontal cortex tries to make sense of what this alarm is saying, but they're not connected and so this is like, 'Oh, well, then it must be, whatever my anxiety thoughts are', you know, so then it's just like it grabs on to whatever it can to make sense of this alarm, yeah.

Thus, education and psychoeducation seem to be paramount. Participants highlighted the importance of knowing the signs, because, as Iris further explained, the lack thereof may also impede self-awareness. As she put it:

> Self-awareness mixed with like knowing the signs, I think, because whenever you're mentally ill, you don't have the self-awareness, that's the problem, right? ... burnout is a type of mental illness, and it's like, you don't know when you're in it. That's the problem.

One potential barrier may be society's view of burnout as a weakness or that one was doing something wrong. Participants recommend normalizing conversations about burnout and as previously recommended, to those entering the field, remembering that one is a human or person first, as they have also previously reported. For example, Rose shared the shame and embarrassment she felt about experiencing burnout:

> It's something I think that is not spoken about enough, in therapy, what you're studying. Because I think that my understanding, well, at least my experience of it, before coming into the field, burnout was a sign of weakness, and burnout was a sign that you were doing something wrong, right? So, I was almost ashamed or embarrassed about saying like, "Yeah, I got to that point where I was not feeling so great."

However, she shared realizing the importance of having conversations about burnout and highlighting that therapists are humans first. She shared the importance of learning from one's own experiences as well as each other's experiences. Her reports seem to indicate that going

through a burnout is not a sign of weakness and that an individual is or may not be a good therapist. She said:

> I've realized over time that it is so important to talk about, because therapists are humans and if we're not learning from each other, and if we're not learning from our past, if we're not learning from our experiences, then how on earth are we supposed to do this? So, talking about it, I think is just so important and saying, "I can be a good therapist, and I can also have gone through that."

Dalia concurred the notion of normalization and also shared that she would have enjoyed someone to not only tell her about the positive aspects of the field, but also the difficulty that accompanies it, as a way to help better set her up for success as a novice. She reported the following:

> So, like at my center, the interns that are there…I'm trying to share a bit about… "this was my experience… I needed a few months to adapt. Like, it was really hard. I felt really drained after my days. I had doubts… if it was a good fit for me. And after a few months, I felt more confident"… maybe that's what I would have liked from someone, to say like, "It's gonna be tough, it's gonna go away, and you're gonna come out of it, but like, you know, be aware that this could happen, because it happened to me."… But in not like a discouraging way…

As previous shared, participants reported the influence of COVID-19 in the onset and maintenance of their experience of burnout. Rose highlighted the difference in learning to be a therapist in this era versus before, suggesting the need to modify certain teaching materials and approaches to fit the current situation, which can also help to set students for success. She said:

> I think learning to be a therapist during a pandemic, was just a big learning curve, because they don't teach you that in school because there was never a pandemic.

Emphasis on Self-Care and Honouring One's Needs. In candidly and openly talking about burnout, participants also recommended that candid and open discussions about self-care need to occur. For example, Iris shared that people in this field are trained to take care of others, but not so much of themselves, or at least in an actionable way. She remarked:

> I think even in my degree we're trained on how to take care of our clients in that situation, but not how to take care of ourselves. So, I didn't really know how to, I didn't even realize I needed to do anything for myself… we've been taught to not answer our needs for so long.

She then shared that it is a learning process that includes unlearning those beliefs and learning how to listen and honour one's own needs. Similar to what Dalia suggested previously, Iris also highlighted that those entering the field should be made aware that it is going to be a difficult process. This is what she reported:

> And I think it's just a…unlearning process of like, actually, you do need to listen to your needs, and, doing that takes time to relearn, and then to honour them, that takes even more time because there's a lot of shame or feeling of selfishness, right, that comes up if you do those things. I don't know, maybe I would just tell [giggles], the new people like, to "just be careful, and go slow, if you can, and like, brace yourself for this" [laughs].

Similar to what Rose shared about previously viewing burnout as a sign of weakness and that something is wrong with the individual experiencing it, Iris highlighted an assumption in academia that seems to be about proving one's competence even at the expense of one's own self-care. In her words, she said:

> There's always an assumption in academia that you're lazy, dishonest, incompetent, and you have to prove that you're not those things… to me, that's kind of the feeling. It's like, there's an assumption, this is the base work, baseline assumption, right? … you're gonna have to prove through your studies…that you are competent, that you are not lazy, and that you are whatever else … I have to prove myself… if I don't override my needs.

Theme 6: Looking Ahead

This last theme provides a summary of participants' thoughts going forward after these experiences. They were asked about their short and long-term personal objectives in this field. The main category and the associated code representing this theme are outlined on Table 7.

Table 7

Looking Ahead

Category	Code
Future in counselling and psychotherapy	The search for balance between fulfillment and sustainability

Future in Counselling and Psychotherapy

Participants reflected on where they see themselves moving forward as psychotherapists. In addition to needing to continue learning and attending trainings, they also reported exploring ways to make it more sustainable for them in the longer-term.

The Search for Balance between Fulfillment and Sustainability. This code encapsulates participants' efforts in trying to balance feeling fulfilled in this field in a sustainable way. They reported the need to diversify their service delivery options to aide in making their

role sustainable. Lotus shared about conversing with a colleague about longevity in the field, holding spaces for others full-time and her continued exploration to make it sustainable:

> It was a conversation I was having with one of my coworkers recently was about how rare it is, to see a therapist working full-time, for a really long time, like just in client services. Like we were thinking about the number of our colleagues that either work part-time or have like other jobs on the side… and that's kind of where I'm headed up, like, wanting to diversify what I'm doing. Because, you know, financially, I have to work full-time… And so, how do I make that sustainable?

One aspect of working in a community-based agency is the tendency to make a lower income. Lotus, who works in that setting, shared that the only way to move up and forward in that setting is to get supervisory role. She shared her short and long-term goals as follows:

> Working in a non-profit and community agencies, we don't get paid that much. And, for me to be able to say, like, "I love where I work," the team support is essential for sustainability or longevity, and, I need to be able to pay my bills. And, a way to do that is to move forward, to move up… that's sort of my short and long-term goals at the same time, with short being to supervise a student in the fall and long being to continue to get into those supervisory roles, to hopefully make more money [laughs].

Rose reported planning to increase her capacity and to eventually open her own clinic, which alludes to shifting her position to a possible Clinical Director. This would include further training to become a supervisor, for example, and also start training others and doing other tasks within the field that would allow her to make money in the field without having to solely see clients. Iris also shared her goal of diversifying her work as it relates to her personal experiences as well and what she has noticed about herself. She said:

> The other thing that I'm doing is I'm hoping to diversify my work… as sensitive person, I don't think I can make enough money to survive [laughs] for retirement, or whatever. I don't think I can make enough, by seeing the little amount of clients I'm able to see without burning out.

She shared her hopes of doing other mental health-related work on the side that are more positive in nature than sitting with clients' issues, which she described as being "dark" and "heavy." She shared:

> So, I'm hoping to diversify by doing different things, like, some coaching on the side or something like that, where I'm not going to be doing such deep, immersive one-on-one work, but I'm still going to be doing related mental health type stuff… maybe more psychoeducational or like inspirational, yeah, just more positive, I guess, or less dark and heavy [laughs]… But like, that takes energy and time. So that's, you know, a long road ahead [giggles].

She also shared being inspired by her supervisor who said "You cannot do this work for your whole career." She shared what her supervisor does and her hopes to eventually do the same:

> Like she doesn't do therapy and she does consultations with therapists and she does what I said what I'm planning on doing like she has like a company, a business… she goes around the world and teaches people about like the importance of pleasure and resourcing and all of that. So, it's kind of this like other separate coaching sort of business that she has on the side, and she kept telling me that, "… you can't do it forever. You can't do it full time…" … I appreciate her wisdom. I've kind of followed those footsteps a little bit more.

Chapter 5: Discussion

In the present research study, I aimed to explore the experiences of burnout and self-care among novice psychotherapists. I addressed the following three research questions: (1) How do novice psychotherapists experience burnout? (2) What strategies do novice psychotherapists use to overcome their burnout? (3) How has novice psychotherapists' self-care strategies changed as a result of experiencing burnout? I used Thematic Analysis to analyze the data and identified six main themes, thirteen categories and twenty-eight codes. The findings summarize the commonalities in burnout and self-care experiences among this study's novice psychotherapists, as well as similarities in goals going forward. The study's findings confirmed previous literature's findings and discussions on the debilitating nature of burnout and the importance of having safeguards to protect oneself. The findings of the present study highlight the impacts of burnout in novice psychotherapists' professional and personal life; self-care as paramount to their recovery of burnout and used as a preventative measure; add to the literature by presenting these experiences during a world pandemic; present unconventional ethical considerations; and provide field-specific recommendations. The next sections provide an analysis of the research results in relation to the literature focusing on the following three broad areas: (1) the experience of burnout as debilitating (2) self-care as imperative for novices (3) inadequate preparation for entering the field, financial stress and ethical practice and ends with the study's implications, limitations, strengths, and conclusion.

The Experience of Burnout as Debilitating

Contributing and Maintaining Factors in the Development of Burnout

Burnout is the result of too much energy output and not enough energy self-invested. In other words, it's burning too much fuel than you've put in your tank – Melissa Steginus

COVID-19 Pandemic. The nature of work involved in the human or helping profession can be associated with emotional and interpersonal stressors including mental, emotional, and physical factors (Bakker et al., 2014; Yu et al., 2008). The literature review revealed that despite psychotherapists' position as healers, helpers, and supporters, they are not immune to the impact of external factors happening in the world, like a world pandemic, and are susceptible to the same stresses that emerge for others. As members of the general population as well, this includes being among the reported one in five Canadian adults screening positive for at least one of the following mental health concerns during the pandemic: major depressive disorder, generalized anxiety disorder and posttraumatic stress disorder (Statistics Canada, 2021). This is despite their role becoming even more crucial as they provide relief to clients with their presenting concerns in addition to the ongoing pandemic-related situation, to help improve their wellbeing (American Psychological Association, 2014). Similar to going through a disaster, this could include helping others build internal strengths, strengthen their resilience skills, assure recovery and bring hope for building fulfilling and satisfying life (American Psychological Association, 2014). This can be particularly difficult when helpers are going through the same experiences as those they are trying to help and are simultaneously trying to make sense of their new reality. Psychotherapists have been tasked to spend hours of their week supporting others with their mental health needs. It is not surprising that the present study revealed COVID-19 pandemic as a contributor to burnout for novice psychotherapists.

They were faced with multiple challenges as whereas before the pandemic, they supported clients with their issues, but during the ongoing pandemic they found themselves overidentifying with their clients in a way that was not present before. They were going through many experiences happening with clients. This is a cause for concern because it leaves room for countertransference, described as "the process of seeing oneself in the client, of overidentifying with the client, or of meeting needs through the client" (Corey, 1991, as cited in Figley, 2013, p. 9). Clients were experiencing helplessness, sadness and other emotions associated with the pandemic that psychotherapists were experiencing as well. They were tasked with the challenge of supporting their clients who began presenting with heightened symptoms because of the pandemic. This put them in a position of heightened work pressure, while their own mental health was deteriorating. Recent research indicates that psychotherapists were faced with many new challenging factors in their practice, like switching to teletherapy, that increased their levels of anxiety, depression and loneliness (Brillon et al., 2021, as cited in Van Hoy et al., 2022). Similarly, this study also found that psychotherapists struggled with isolation and lack of connection with others because of the pandemic, which made them feel alone in their experiences and limited the extent to which they were able to engage in self-care due to governmental mandates and restrictions. This is in line with Stebnicki's (2007) work indicating that one of the risk factors among mental health practitioners is isolation. These findings represent certain mental health stressors that are unique to the pandemic and those that have been heightened because of the pandemic.

In an effort to conceptualize this unique experience, the Job Demands–Resources (JD-R) model mentioned in the literature review comes to mind. This model highlights the importance of work-life balance to burnout, helps to provide a basis to explain burnout as a risk factor

among psychotherapists during the pandemic. According to the JD-R model, burnout occurs when the necessary resources to resolve or reduce consistent high work demands are lacking (Kotera et al., 2021). Thus, with the new challenges and obstacles that accompany the pandemic, psychotherapists have been faced with increased job demands that, given the newness of the pandemic, they have been lacking all the necessary resources to effectively do their job. This is all while not feeling fulfilled by the job anymore, as participants in the present study shared. Thus, with such increased and ongoing rising demands (i.e., learning about new effective strategies to provide to clients as well as updated resources, keeping updated on the news so that they do not hear it first in sessions, supporting clients presenting with heightened symptoms, overidentifying with clients' pandemic-related concerns while trying to engage in safe and effective use of self, etc.) and not feeling as rewarded as before, it can put psychotherapists at a greater risk to experiencing burnout due to the pandemic. Additionally, as research indicates, just like the general public, mental health workers' mental health functioning also fluctuates according with life demands (Good et al., 2009), which has been plenty for people during the pandemic. The literature on the role of self-care on burnout indicates its significance given that further research revealed that the maintenance of work-life balance is important in helping to prevent burnout (Posluns & Gall, 2019), as it has been linked to exhaustion and a feeling of unsettledness (e.g., Hill et al., 2016; Scanlan et al., 2013). This is important because experiencing an imbalance in one's work-life in ways like having a high caseload and workload has been linked to higher work stress and compassion fatigue (e.g., Killian, 2008). With the ongoing presence of the pandemic, these results call for psychotherapists to address their own mental health to help prevent its deleterious effects, which, according to the results of the present study, is both professional and personal.

Understanding the Burnout Experience: Mental, Emotional, Psychological and Physical Symptoms

Burnout is a bone-tired, soul-tired, heart-tired kind of exhaustion. – J. Pennebaker

Burnout, like any difficult experience, is a great teacher. My question is: What is it trying to tell you? – Dr. Rebecca Ray

The negative effects of burnout manifested in novices' client care, their own self-concept and in their personal life.

Negative Impact on Individual Self and Client Care. Various negative emotions emerged for participants when experiencing burnout, including anger, resentfulness, feeling taken for granted, irritability, dread, guilt and shame. They were angry towards more difficult clients or for not having the capacity to provide answers to clients in sessions, writing session notes and angry and resentful for missing opportunities because of being burned out. They reported being quick to trigger, having lower tolerance, taking things personally, and more. Moreover, they reported empathy and compassion fatigue, physical and mental exhaustion. These feelings and emotions were showing up both in-sessions with clients and outside of sessions, including in their personal life.

The End of the Caring Cycle, Difficulty Detaching and Overinvolvement with Clients. The process of providing space for clients can be viewed as an incubator for clients' healing and development in their life. Clients, in return, do not provide that same level of support, rendering the therapeutic relationship a one-way helping relationship. This is present in the role of psychotherapists as they go through the process of building therapeutic relationships and ending them repeatedly. As discussed in the literature review, this is called the Caring Cycle or the Cycle of Caring, describing the process of repeated empathetic attachments, active involvements

and felt separations with clients (Skovholt et al., 2001). This briefly summarizes the work that psychotherapists do. However, this process takes expertise, which novice psychotherapists do not possess, being so new in the field. This may be used to explain the ethical matter of overinvolvement with clients and difficulty that novice psychotherapists experience regarding the ability to detach themselves from their clients. Simionato and Simpson (2018) found that personal factors like being overinvolved in clients' issues influence the developmental of burnout and poses as a risk factor. Moreover, research also indicates that emotional exhaustion is linked with over-involvement with clients (Rupert & Kent, 2007). As previously discussed, the present study found that novice psychotherapists struggle to separate themselves from work and their clients. Participants reported absorbing and immersing themselves in their work and in their clients' issues as if they were their own. These results confirm past literature indicating that licenced psychologists with less experience over-involved themselves with their clients, which led to their experiencing burnout (Ackerley et al., 1988). More specifically, they reported cynicism and emotional exhaustion, which participants in the present study also reported experiencing. As a recap, cynicism, one of the three components of burnout, is defined as having negative or inappropriate attitude towards clients, irritability, loss of idealism and withdrawal (Maslach & Leiter, 2016).

Participants reported feeling exhausted and drained by their work and having a lower capacity for service provision. This result adds to past research by Farber and Heifetz (1981) examining job satisfaction, sources of stress, and stress-inducing patient behaviours in 60 psychotherapists. They found that psychotherapists with 1-3 years of experience reported greater susceptibility to feeling personally depleted, as one of the most stressful aspects of therapeutic work. Depletion is one of the defining aspects of the exhaustion dimension of burnout (Maslach

& Leiter, 2016). Participants from the present study reported lacking sufficient boundaries and in line with past research, they began overlooking their own needs (Barnett et al., 2007). They reported neglecting and not attending to their own needs and these issues boiled over into their personal life, in ways like not being present with their loved ones.

Ultimately, participants had difficulty being present with clients and needed to exercise more energy to do so. This is concerning because research suggests that being present with clients is foundational and thus, a necessary condition that facilitates psychotherapists' ability to exercise deep listening and understanding of their clients in sessions (Geller & Greenberg, 2012). Unsurprisingly, this seems to provide answers as to why participants reported difficulty with analytical reasoning in sessions. According to the Psychology School Guide (*How to Become an Analytical Psychologist*, n.d.), empathy, compassion, having a clear understanding of boundaries are qualities and skills required for analysis, but participants reported that these were compromised when they were experiencing burnout. In addition to lacking or deteriorating boundaries, they also reported empathy and compassion fatigue, which also gave rise to additional negative emotions like guilt. The novice psychotherapists of the present study all reported working with clients presenting with trauma and as reported by Van der Hallen and Godor (Bridgland et al., 2021, Idsoe et al., 2021, Kalaitzaki, 2021, as cited in Van der Hallen & Godor, 2022, p. 1):

> Research investigating the COVID-19 pandemic within the framework of trauma, indeed suggests the pandemic, including the COVID-19 outbreak and corresponding lockdowns, could be considered as a traumatic stressor event capable of eliciting PTSD-like responses and exacerbating other related mental health problems (e.g., anxiety, depression, psychosocial functioning, etc.).

According to Figley (2013), those working with trauma are particularly vulnerable to compassion fatigue (p. 15). However, aside from this, burnout ends the active engagement necessary in the Caring Cycle, resulting in incompetent practice, ultimately affecting client care (Skovholt et al., 2001). Research further shows the importance of personal resources, which include self-efficacy, organizational-based self-esteem, and optimism, increased personal strength and the reoccurrence of positive attitudes in predicting and mediating engagement and in preventing burnout (Kalimo et al., 2003; Xanthopoulou et al., 2007). In Xanthopoulou and colleagues' (2007) study, the relationship between job resources and engagement or exhaustion were mediated by personal resources as well as acted as an influence in the perception of job resources. Increased efforts to revive this engagement, which can lead to overinvolvement with clients, then manifest as compassion fatigue and if this long-term involvement is not managed, it can lead to burnout (Figley, 2013; Pines & Aronson, 1988). Thus, experiencing the end of the Caring Cycle and over-involving oneself with clients and in their issues can lead to compassion fatigue, which participants experienced. Research indicates that compassion fatigue is diminished capacity when experiencing distress and its accumulation may result in exhaustion and thus, reduced capacity to help clients (Huggard & Unit, 2013), reducing the quality of client care.

Returning to the issue of being present, Geller and Greenberg (2012) reported that being present leads to awareness of one's own experience and clients' experiences, supporting their connection. This experience could be through bodily sensations and emotions. However, when novice psychotherapists are experiencing these negative emotions towards themselves and their clients, one could argue that this might impede the level of connection they can build with their clients. This is alarming, because research suggests that the quality of the therapeutic alliance

reliably predicts positive clinical outcomes (e.g., Ardito & Rabellino, 2011). Additionally, as posited on the review of the literature, engaging in empathy, unconditional positive regard and congruence while experiencing burnout may be compromised, compromising the effectiveness of therapy (Kirschenbaum & Jourdan, 2005; Rogers, 1992). Other research confirms characteristics such as lack of empathy and hostility as related to unsuccessful therapy (Lambert, 2011). In line with the literature, participants also reported a negative influence in their professional competence and thus, the quality of client care (Rupert et al., 2015).

To be self-compassionate is not to be self-indulgent or self-centred. A major component of self-compassion is to be kind to yourself. Treat yourself with love, care, dignity and make your wellbeing a priority – Christopher Dines

If your compassion does not include yourself, it is incomplete – Jack Kornfield

Struggling with Feelings of Incompetence and Self-Doubt: Professional Development and The Role of Self Compassion. Feelings of incompetence (FOI) are defined as "the emotions and thoughts that arise when therapists' beliefs in their abilities, judgements, and/or effectiveness in their role as therapists are reduced or challenged internally" (Thériault, 2003, as cited in Thériault & Gazzola, 2009, p. 106). Participants in the present study reported feeling like an imposter, like a bad therapist, wondering whether they responded to clients correctly and whether counselling and psychotherapy was the right fit for them. Research shows that unlike their more experienced counterparts, novice practitioners deal with uncertainty, ambiguity, lack of professional confidence, competence, and capability (Skovholt & Rønnestad, 2003). Consequently, they tend to rely heavily on concrete guidelines (Skovholt & Rønnestad, 2003). However, one could argue the unique level of anxiety that can emerge for novice psychotherapists in a pandemic due to the lack of guidelines or developing guidelines for their

practice in pandemic-related conditions. In fact, a survey by the Mental Health Research Canada in co-operation with Canada Life and Workplace Strategies for mental Health indicate that more than one-third (35%) of all employed Canadians report feeling burned out, with as high as 66% of nurses, who are also in the human/helping profession, report being burned out (Psychological Health and Safety in Canadian Workplaces, 2022). Alarmingly, only 4% have new COVID-19 mental health supports-adapted workplace policies (Psychological Health and Safety in Canadian Workplaces, 2022). This seemed to cause a lot of distress for participants, especially having the part of them that want to help and save clients, coupled with COVID-19-related challenges and obstacles. One participant reported thinking that FOI was a common experience among therapists. However, as they began actively working towards developing self-awareness, engaging in mindfulness, self-reflection and exercising self-compassionate, through ways like checking in with themselves, being present with themselves, keeping an eye on any countertransference, recognizing internal cues of distress, and figuring out what they need and honouring them, proved to be imperative in counteracting their FOI, self-doubt, and inadequacy. In reaching the place of empathy, compassion, and acceptance of where one is in their journey, one could argue that more energy may start flowing from that place instead of focusing solely on FOI, self-doubt, and inadequacy. These findings seem to parallel previous literature on therapist development. Despite its power to evoke anxiety, FOI can also help evoke growth in therapists (Thériault & Gazzola, 2005, 2006, 2008, as cited in Thériault & Gazzola, 2009). FOI was shown to be an integral part of therapists' professional development with regards to their professional identity (e.g., Thériault & Gazzola, 2009). Previous literature demonstrate evidence for the presence of anxiety, self-criticalness, self-confidence, disconnectedness, and identification with their role as psychotherapists (e.g., Bischoff et al., 2002; Boulazreg & Rokach, 2017). Howard et

al., 2006; Williams et al., 2003). Therapists' lack of self-confidence and feelings of being less effective can result in a state of burnout (Thériault & Gazzola, 2006). Past extensive research, however, indicate that self-efficacy is developed over time with more experience (Kozina et al., 2010). Thus, a period of feeling less effective seem to be inevitable for novice psychotherapists, further highlighting the importance of self-compassion, especially given the negative relation between therapeutic effectiveness and the dimensions of burnout, namely, increased emotional exhaustion and depersonalization and decreased sense of personal accomplishment (Pimble, 2016).

The results of the present study emphasize the importance of focusing on being empathetic towards oneself and engaging in self-compassion. This "self-work" can then positively impact SEUS in their work with clients. It is particularly striking to me that experiencing difficulty being empathetic towards clients can impact ability to be present with them in session; inversely, having difficulty staying present with clients may also influence empathy, creating a bi-directional relation. Moreover, it seems like the difficulty detaching and disconnecting from clients becomes an overload and results in empathy and compassion fatigue, which then can lead to feeling worn down and disconnected (e.g., difficulty staying present with clients in session). Thus, it seems like self-care may help break that circle. Indeed, in the words of Mark Stebnicki, a professor and researcher on empathy fatigue, a step towards coping with empathy fatigue includes being ongoingly committed "to self-care, wellness and conscious awareness of one's empathy fatigue triggers" (Shallcross, 2013), which can also be the case for compassion fatigue.

Burnout as a Common Syndrome, a Non-Linear Experience, and a Learning Opportunity

Challenges inherent in the field influence the commonality of burnout among healthcare professionals (Kotera et al., 2021; Simionato & Simpson, 2018). Despite the unique experiences of novice psychotherapists and the literature's evidence of a range of occupational and personal vulnerability factors, research also indicates that there are multiple personal and occupational variables and pathways which can cause burnout for most psychotherapists to some extent in their careers and to different degrees (Simionato et al., 2019). Indeed, a recent study examining cross-cultural differences in the levels of burnout among psychotherapists during the pandemic found that burnout may be a transcultural phenomenon among psychotherapists (Van Hoy et al., 2022), with many of them experiencing high exhaustion or high disengagement in their role (Johnson et al., 2020). The present study found that the experience of burnout among the novice psychotherapists was not a linear experience. In fact, one participant reported having experienced burnout twice, in different settings (i.e., as an EAP employee and in private practice). There is no specific beginning and end to the experience of burnout, as the findings indicate that it is rather a process of learning, unlearning, balancing, and rebalancing an individual's perspective and lifestyle. It strikes me as interesting that burnout creates a state of imbalance in one's life and this process of learning, unlearning, balancing, and rebalancing is an effort to regain or gain balance. This requires intentionality, which participants reported being imperative.

Moreover, the concept of trying to help and save every client, even at the expense of one's own health emerged in the data, which highlighted the necessary step of going through the process of unlearning this belief of putting others' needs before or above one's own needs, or even not addressing one's own needs altogether. This is in line with Sapienza and Bugental (2000)'s proposal that mental health practitioners may have never really "learned how to take the

time to care and to nourish themselves, having been trained to believe that this would be selfish" (p. 459). Similarly, participants, for example, reported feeling guilt, shame, embarrassment and selfishness. These included feeling guilty for needing or wanting to take some time off to recuperate and wondering about the clients they see weekly and how they would fare off without them; shame and embarrassment for feeling burned out; selfishness for taking care of themselves, and more. The process of learning, unlearning, balancing, and rebalancing, however, takes time, especially unlearning, which requires one to let go of held beliefs and ideas about oneself, others, and the world. In exploring the biochemistry of beliefs, this seems to be because this process, which can be viewed as a new stimulus, creates distress in the brain which already has existing patterns (Sathyanarayana Rao et al., 2009). Given that beliefs are like "internal commands" to the brain (Sathyanarayana Rao et al., 2009, p. 239), it seems easier to hold on to existing beliefs, even if they are not helpful for one's well-being. Thus, whereas with learning, there may be a potential to get quicker results, the positive effects of unlearning may not be as quick, further highlighting the need for self-compassion and kindness towards oneself during this process. This is particularly important for novice psychotherapists because, looking back on a previous literature, the uncertainty present in being a novice can be overwhelming, can cause stress and then burnout (Thériault et al., 2009). Then, the commitment to honour one's own needs would need to take place, which would also be a process. However, like a participant shared, it is like a muscle that needs exercising to build, and it would take intentional practice to become comfortable with it.

Similarly, burnout can also be used as a learning opportunity. Going through difficult experiences can be used to foster growth. For example, the qualitative portion of a study examining aspects of positive change among those receiving early intervention services for

psychosis, often experienced as traumatic, found that participants reported developing a stronger sense of self, including becoming more self-confident, determined, self-assured, and developing a willingness and ability to take risks, pursue what they wanted from life and face challenges (Jordan et al., 2019). Other positive changes included becoming more self-accepting and authentic, honest, and truthful to their feelings, thoughts and values (Jordan et al., 2019). Participants in this study reported similar experiences, including being more self-accepting, authentic, honest, and truthful to themselves. For example, the idea of honouring their needs to combat burnout and continuing to use it as a mean to prevent its recurrence emerged often in the data. They also reported an increase in confidence and developed the ability to notice when they were feeling incompetent and doubting themselves, but these no longer took over their self-image, self-concept nor their self-esteem.

Furthermore, from the analysis of the data, it stroked me as interesting that participants exhibited psychological resilience and growth, despite being novices in such a demanding field. Resilience can be defined as having the personal attribute or the ability to bounce back (Taku, as shared in Collier, 2016). A recent finding from a longitudinal study exploring mental health, burnout and resilience in healthcare professions during the pandemic indicated that younger workers (18 to 35 years old, of which all participants in the present study fall under) and having less years of experience, among other constructs, were associated with having more post-traumatic stress symptoms and burnout (Luceño-Moreno et al., 2022). However, another recent study examining psychological distress of mental health workers during the pandemic found that they reported significant resilience compared to other workers in general (Brillon, 2022). Resilience can be an example of post-traumatic growth, which refers to what can happen when someone who has had difficulty bouncing back from a traumatic event that challenged his or her

core beliefs, endures psychological struggle and then ultimately finds a sense of personal growth. It is a process that "takes a lot of time, energy and struggle" (Taku, as shared in Collier, 2016). I want to clarify that I am not positing that the novice psychotherapists in the present study experienced burnout as a traumatic experience. I am using this idea to interpret the idea that participants' intentional efforts to combat burnout which has been a difficult process, the self-care strategies they employed during the process, and the lessons they reported having learned (e.g., a shift in their beliefs about listening to themselves and honouring their needs) along with the suggestions they shared for those coming into the field, seem to indicate an occurrence of growth as a result of their experiences. In fact, one of the participants shared the idea that the process has been like a perfect storm and that she has grown more as a person than at any other point in her life. This, however, did not happen overnight, but in the span of two years, which perfectly demonstrates what Taku said about it being a process that "takes a lot of time, energy and struggle." A significant feature of post-traumatic growth is that an individual who was already resilient when an event occurred would not experience it because the event did not rock them to the core, and they do not have to seek a new belief system. Those who are less resilient, however, "may go through distress and confusion as they try to understand why this terrible thing happened to them and what it means for their world view" (Tedeschi, as shared in Collier, 2016). This makes me think of the present study's participants' reports of feeling guilty, ashamed, and embarrassed by the experience, as well as trying to figure themselves out during the process, including what it means for them to take care of themselves. Emphasis on self-care and a greater self-care toolkit can be used as means to further grow not only as a human and a person, but also as a therapist.

These findings emphasize the importance of self-care among psychotherapists, particularly novice psychotherapists, given their greater susceptibility.

Self-Care as Imperative for Novices

> *Rest and self-care are so important. When you take time to replenish your spirit, it allows you to serve from the overflow. You cannot serve from an empty vessel… Self-care is not selfish* – Eleanor Brownn

Self-care behaviours have been shown to be crucial to prevent burnout (Barnett et al., 2007). Indeed, developing the ability to balance both self-care as an individual and other-care as in client-care is crucial for professional longevity (Skovholt et al., 2001). Participants reported already exploring ways to facilitate their journey as psychotherapists, noticing that direct client work only may be particularly difficult for longevity. Additionally, having space and time, whether it is to land into oneself or for joy and passion, emerged as important for longevity as well. Thus, novice psychotherapists are called to start engaging in self-care early or else they risk burning out and leaving the field. Given that the pandemic is ongoing, its data are still relevant now. As the pandemic progressed, counsellors working at the Kids Help Phone reported common stress leaves and high employee turnover (Buckner, 2020). High turnover has been present even before the pandemic, with one-third to over two-third of therapists leaving their organization every year, which negatively impacts not only the service quality, but also the continuity of mental health care (e.g., Beidas et al. 2016; Knudsen et al., 2003; Mor Barak et al. 2001). This is particularly relevant for psychotherapists working in community agencies, like one of the participants in the present study, but the isolation in working in private practice and feeling alone in one's experiences may also serve as a risk factor for early termination. Maintenance of professional vitality and avoidance of depleted caring is required for success in

the field (Skovholt et al., 200) of counselling and psychotherapy, highlighting the need for self-care. Participants employed various self-care strategies which are in line with previous research regarding their support in combating burnout, generating growth and maintaining well-being.

Awareness, Honouring One's Needs, and Finding Balance

> *Care for your psyche…know thyself, for once we know ourselves, we may learn how to care for ourselves* – Socrates

Self-awareness is "the extent to which people are consciously aware of their internal states and their interactions or relationships with others" (Sutton, 2016, p. 646). Thériault and Gazzola (2009) explained that introspection, which means "looking within" in Latin, is an instrumental part in achieving self-awareness (p. 105). Participants reported initially having difficulty looking within themselves to notice that they were experiencing burnout. Whereas "experienced practitioners emphasize the importance of self-reflection to their optimal development as a mental health professional" (Rønnestad and Skovholt 200, as cited in Posluns & Gall, 2019, p. 5), novice practitioners, like those in the present study, reported issues recognizing internal cues of distress and burnout. They reported needing outside sources to bring it to their awareness, indicating a lower level of self-reflection skills. This is alarming for novices because, as explained by Posluns and Gall (2019), citing the works of Colman and colleagues (2016) and Pakenham (2017), self-care itself "involves self-reflection and action in terms of knowing one's needs and making a conscious effort to seek out resources that will foster health and well-being" (p. 4). Thus, at baseline, it seems like novices are disadvantaged to engaging in self-care because of their lower self-reflection skills. This might explain the study's participants' reporting a longer time to acknowledge, with the help of others, and accept that they were experiencing burnout. Having this awareness is in and of itself a self-care strategy as it allows

psychotherapists to understand the risks for and symptoms of burnout and professional impairment (Smith & Moss 2009, Wityk, 2003, as cited in Posluns & Gall, 2019). The result of the present study is in perfect line with this. Awareness also allows practitioners to notice and reflect on their own internal and external experiences, as well as the ability to monitor their own needs (Skovholt et al. 2001, Wityk 2003, as cited in Posluns & Gall, 2019).

Not being able to acknowledge one's needs prevents its monitoring and engaging in behaviours to meet those needs. It is not surprising that past literature comparing early career, midcareer, and late-career psychologists based on their personal and professional well-being, work-related demands and resources, and self-care strategies found that unlike those in their early career, psychologists in their later career engaged in more self-care behaviours (Dorociak et al., 2017). Dorociak and colleagues (2017) expressed that this is consistent with previous burnout literature proposing that more effective strategies for managing stress and professional demands are developed with age and experience in the field. So, one might wonder what would this mean then for novice psychotherapists, given that they seem to already be at a disadvantage at baseline? One might wonder what would be the point in trying given that awareness and effective coping strategies develop with age and experience? I posit that developing a value for self-care early on is important to start building effective ways to show up for oneself, cope in difficult times, and build greater capacity to support others as well. I would say, it is a process of continuously filling one's cup early on to help prevent having a deeper hole to combat against should burnout occur. For example, when asked if they engaged in self-care prior to starting their career and prior to experiencing burnout, participants reported that they think they did, but did not call it self-care. Three main points stood out for me. The first one is the insufficient awareness; the second one is the unique experience of going through a burnout during a

pandemic because certain self-care strategies were limited; and third, the importance of naming self-care. Indeed, "building efficacy in self-care early on is an important step in developing strong self-care skills among mental health practitioners" (Pakenham, 2017, as cited in Posluns & Gall, 2019).

After acknowledging one's needs, it is important to honour them. As an imperative step in overcoming burnout, participants reported honouring their needs. This looked like honouring their workload and caseload capacity (e.g., not seeing as many clients anymore, having longer weekends, etc.), being intentional and active in creating and finding joy in their life again through ways like connecting or reconnecting with activities or ways of being that bring or brought them happiness and joy. This is important because they describe self-care as not only the activities that one does, but also the mindset of the individual engaging in the self-care strategy and the purpose behind the self-care. It is a subjective, individualized, non-linear, multidimensional, and multifaceted process. Indeed, it is inherently complex enough to require "a comparable level of complexity in research design and implementation" (Jaarsma et al., 2020, p. 7). Steps towards listening to oneself and moving towards honouring what one needs is a step towards the right direction. What is honouring one's needs, anyway? Simply put, it is respecting one's mind and body (Gordon-Mead, n.d.). Here are the words of Gordon-Mead, a speaker, Certified Life Coach and Ordained Minister, which perfectly encapsulates this:

> If your body had an actual voice, what would it say? Would it thank you for feeding it nutritious foods and giving it time to rejuvenate? Or would its voice be faint from the exhaustion and tension it's enduring? Sometimes you get so caught up in the daily grind - fulfilling your priorities and chasing your gaols – that you forget about your constant companions…Your body and your mind.

In her article (i.e., *Honoring Your Needs: You Already Know It's Important So What's Standing in Your Way?*), she explains that when an individual neglect their body and their mind, they neglect their needs, which include self-care. One thing that can stand in the way of someone honouring their needs is making self-care negotiable, rather than necessary. This is relevant for novices because their more experienced counterparts "refer to self-care as a key aspect of professional functioning" (Posluns & Gall, 2019, p. 4). In the present study, one of the participants reported immersing herself in her work so much that, to paraphrase their report, she was reading books on trauma before bed, trying so much to read on every single possible presenting issue, trying so many trainings in everything in an effort to know "everything about everything" to try to help everyone, until realizing that she was adding to the feeling of exhaustion. This participant, along with the others, reported the effects of neglecting themselves, which led to burnout, because they lacked the resources to meet all the work demands they had, as well as demands that they were adding to themselves. Going back to a previously cited literature, the innocence of being a novice put them at a greater susceptibility to produce various stressors (Skovholt & Rønnestad, 2003). Thus, it may be that certain strategies novice psychotherapists may see as efforts to help may actually be harmful to them, at least over time.

Thus, finding balance emerged as an important aspect of self-care, not only regarding finding fulfillment and sustainability in the field, but also in navigating what works and does not work for them individually, balancing self and other care. As previously discussed in the literature review, balance emerged as a self-care area through the maintenance of work-life balance and as previously discussed, maintaining a work-life balance is important to prevent burnout (e.g., Posluns & Gall, 2019). One example that participants reported not maintaining work-life balance is the difficulty they had detaching and disconnecting from work and clients,

which boiled over into their personal life. This seems to be an issue of boundary regulation, and as Skovholt and Rønnestad (2003) explained:

> Developing flexible and adaptive boundaries takes time. This skill involves learning to constantly monitor the self. One looks for a positive interplay between empathic attachment to the other end and one's own very important self-care needs. It takes time and experience, something the novice does not have. (p. 50)

Practice! "Balance refers to distributing one's attention to various aspects of life, ensuring not to neglect important facets, and to maintaining a sense of equilibrium in both personal and professional realms" (Sirgy & Wu, 2009, as cited in Posluns & Gall, 2019, p. 5). Making time to create balance is important. Actively utilizing coping strategies can lead to experiencing less stress and thus, one could argue that making time for self-care may lead to developing more effective coping strategies as well (Maslach et al., 2001). Similarly, the participants reported that self-care is also having sufficient space and time, which can help in being intentional with self-care to prevent getting lost in burnout.

The Incomparable Role of Social Support

Be brave enough to ask for help when you need it. There is no merit badge for doing all the hard things alone – Maggie Smith

With the help of past work by Willis and Fegan (2001), Clark and colleagues (2009) broadly defined social support as "the resources and interactions provided by others and/or the connection to others that help one cope with stressful circumstances" and "can come from a variety of sources, including family, friends, co-workers, supervisors, and even pets" (p. 582). Several past literatures have found the important role of social support on improving the negative effects of stress on health, like serving a functional communication to help manage stress (e.g.,

Mikkola et al., 2018). More specifically, several past research studies have found a negative link between social support and burnout and a positive link between social support and job satisfaction (Baruch-Feldman et al., 2002, Maslach et al, 2001, Wolpin et al., 1991, as cited in Clark et al., 2009). Most of the data reported by participants of the present study regarding the second and third research questions call attention to social support as paramount for well-being. As mentioned in the results section, the data indicates that the lack or insufficiency of social support can serve as a barrier.

Supervisor Support and Congruence; Colleagues' Validation, Normalization and Shared Experiences. Participants reported the important role their therapists played in helping them when they were experiencing burnout and afterwards. The various forms of supports included emotional, appraisal, informational and instrumental support. Emotional supports included empathizing with their supervisees, validating their experiences, expressing care for them, not judging them, and more. Theoretical models of social support indicate that the functional dimension of social support, which include emotional (e.g., receiving empathy) from social others and instrumental (e.g., being provided with practical support or other assistance) is a better predictor of good health (Charney, 2004; Southwick et al., 2005). Participants confirmed that their supervisors' act of sitting with their feelings and emotions and empathizing was in and of itself like a healing tool. Similar to a therapist-client relationship, they all reported feeling congruent with their supervisors. They reported authenticity, genuineness, resonating and connecting with each other. This alludes to the importance of having a quality supervisor. According to the data, this quality is supervisee-specific, as participants reported having supervisors with the same or similar therapeutic approaches as theirs. Just as there are conditions, namely, core conditions (i.e., empathy, unconditional positive regard and congruence) necessary

for constructive personality change in a therapist-client relationship (Rogers, 1992), these same conditions seem to apply in a supervisor-supervisee relationship as well. For example, in addition to empathy and congruence, participants also reported that their supervisors completely supported and accepted them, including the feelings, emotions, and thoughts that were emerging for them when going through a burnout. Their supervisors permitted them to have their own feelings and experiences and did not invalidate them. From participants' reports, it sounds like they felt supported, understood and accepted by their supervisors, by reporting things like "they have my back," that conversations about what came up for them became normal, being very open with their supervisors, that they look forward to meeting with their supervisors and that they are "very supportive."

Indeed, a review of the literature reveals considerable evidence that having an open and safe environment where a supervisee feels comfortable as well as trusts their supervisor was a vital part of supervision. Moreover, having time to discuss personal issues based on needs and reflect on practice (inclusive of ethical concerns) and receiving feedback (Rothwell et al., 2021, p. 3). Other findings in Rothwell and colleagues' (2021) study included establishing a supervisor-supervisee relationship that is based on trust and having regular supervision and getting timely and constructive feedback, among others. Regarding supervision frequency and feedback, the participants in the present study reported needing to see their supervisors more frequently and the support that their supervisors' knowledge brought to them, valuing their knowledge, getting feedback and confirmation of their work, which were evident in the literature (Rothwell et al., 2021). It strikes me as possibly evident that having these types of rapport with one's supervisor and/or personal therapist can positively help beyond supervision or therapy sessions, to their own sessions with their clients, improving the quality of client care. Indeed, on

their research examining the influence of clinical supervision on client-rated alliance and symptom reduction of major depression, Bambling and colleagues (2006) found some evidence that compared to clients who had unsupervised therapists, clients with therapists who were in the alliance skill-focused supervision or alliance process-focused supervision experienced a clinical improvement. These included symptom reduction and better working alliance, treatment retention and evaluation. However, a recent study reported that despite the literature's suggestion of the potential impacts of clinical supervision on novice therapists' competence, it is still unclear of its effects on clinical or client outcomes (Alfonsson et al., 2018). They authors concluded that the gap still exists on high-quality empirical research on the effects of clinical supervision in the psychotherapy field. Additionally, more research is needed to explore long-term benefits of clinical supervision and it may be difficult to measure ongoing influence on client outcomes (Edwards et al., 2006; Scaife, 2010). Moreover, the findings in Bambling and colleagues' (2006) study focused on experienced therapists, leaving an ongoing gap for novice therapists.

Nonetheless, Bambling and colleagues (2006) and other researchers (e.g., Kovač et al., 2016; Snowdon et al., 2017; Wallbank & Hatton, 2011) still highlighted the positive effects of clinical supervision as a preventative or mitigative tool for stress and burnout in the helping professions, significantly in some studies than others, and effectiveness and client or patient care. Rothwell and colleagues (2021) reviewed several studies that revealed the positive effects of supervision on supervisees themselves. These included: reduced stress and anxiety, better working environment, and job satisfaction, among others. Whereas having an unpleasant supervisory contact was found to be related to higher levels of burnout (Leiter & Maslach, 1988), pleasant supervisory contact like perceiving that one has an adequate communication with one's

supervision (e.g., getting adequate feedback) was positively linked to personal accomplishment (Gillespie & Numerof, 1991). This is particularly relevant for novice psychotherapists given that they have been reported to have issues with the treatment process and ambiguous relationship with their supervisors (Farber, 1983). Quality supervision can provide quality guidance with the treatment process, for example. Additionally, it can help with resource for "increasing awareness of the risks and symptoms of negative outcomes experienced by mental health practitioners," provide "a safe space for such symptoms to be recognized," support supervisee competence and "can help serve to identify gaps in training, provide checks on caseload and work-life balance, direct career development, encourage self-care, and serve as a support when supervisees face professional hazards" (Bradshaw et al. 2007, Merriman 2015, Pack, 2015, as cited in Posluns & Gall, 2019). These are all significant for novices. The findings in the present study, however, is contrary to Farber's work (1983) regarding the ambiguous relationship with supervisors, given all the previously shared data. Nonetheless, they all point to the importance of healthy supervisory relationships.

Social support from colleagues also presented as a significant self-care contribution for novice psychotherapists. Participants highlighted the importance of being surrounded by fellow mental health practitioners as they provided emotional support, they shared individual struggles, acknowledged, confirmed, and validated their experiences. This included FOI, self-doubt, and inadequacy, confirming that the role as a psychotherapist is difficult. Previous research shows that experienced therapists reported that engaging in professional supervision and engaging in peer supervision were rated as the second and third topmost important and useful coping strategy for counsellors who face daily self-care and FOI challenges, after seeking emotional support from family, friends, and therapists (Thériault et al. 2015). The literature also shows other

contributions to feelings of compassion satisfaction (i.e., positive appraisal of benefits of counselling clients), which included camaraderie, receiving supervisor support, witnessing clients recover, among others, was negatively linked to burnout and compassion fatigue (Thompson et al., 2015).

These findings highlight the important role of connecting with colleagues. Of note, I can imagine that novice psychotherapists' compassion satisfaction may lower if they are not witnessing clients recover, given that they deal with difficulties with the treatment process, leading to compassion fatigue. This also seems to highlight the importance of quality supervision. When exploring influential experiences in the development of clinical self-confidence in novice therapists, Bischoff and colleagues (2002) found that supervision, client contact, contact with peers, and personal life stress were the most influential. Consequently, they recommended strength-focused supervision, getting client contact, peer contact, and attending to one's personal life stress (Bischoff et al., 2002), which are all self-care strategies for therapists. Indeed, additional research found that therapists with less burnout reported feeling supported by both their colleagues and supervisors including having a wellness-focused supervision and they report having a positive perception of their working conditions (Kaschka et al., 2011; Thompson et al., 2015). Counselors who have an excessive workload, conflicting roles, receive poor recognition or reward, or have limited support experience more burnout (Simionato et al., 2019). As previously discussed, engaging in self-care results in reduced anxiety and stress, improves life balance, increases self-awareness, self-acceptance, and self-reflection, which novice psychotherapists especially need. This then allows them to acknowledge themselves in asking for help, which can be viewed as a similar help-seeking behaviour their clients engage in when they

come to them for support, which then can help to increase empathy for their clients (Williams et al., 2010). This, undoubtably, can also improve client care.

Support from Family and Friends and Personal Therapy. The top strongly endorsed therapist-initiated coping mechanisms and self-care activities in Thériault and colleague's (2015) study was seeking emotional support from family, friends, and therapists. Participants in the present study reported that their families provided emotional and instrumental supports. For example, they offered encouragement, an alternative place for participants to stay in to recuperate or to cope for even a night. Indeed, personal support, which include family, friends, and a personal therapist, "is a valuable element of self-care and a way to promote life balance for practitioners and may be more important than other types of support like peers and professors" (Barnett et al. 2007, Tompkins et al. 2016, as cited in Posluns & Gall, 2019, p. 8). These are also all part of "Caring for Self," (Eckstein, 2001, p. 332). Eckstein (2001) asked "What behaviour supports the different aspects of self to work together in harmony and joy (e.g., journaling, spiritual reading, or talking to a partner, family member, or professional)?" (p. 332). This can also include talking to a therapist. For example, one of the many intuitive self-care strategies that has been supported in the literature include seeking support from other professionals (Eckstein, 2001). The findings from the present study are in line with this, as participants reported that just as they hold spaces for others, it is important that they have someone who does the same for them. This was one of their recommendations for those entering or are already in the field. Their personal therapists provided them with emotional support, helped with awareness and guided them in working through their own issues. Indeed, in their systematic review summarizing the theoretical and empirical literature on personal therapy and its effects, Moe and Thimm (2021) found that most psychotherapists emphasized the importance of personal therapy for their

development as therapists. In the introduction section of the systematic review, Moe and Thimm (2021) explained the following, citing the work of Foucault (2005):

> Personal therapy may be an arena where characteristics that are central to psychotherapy develop, since the person's *self* is the focus of exploration. Maybe the Greek postulate that self-care, *empimeleia heauton*, is necessary for awareness, and development of self-knowledge, *ghnoti seatuon*, is still relevant. (pp. 3-4)

Especially for novice therapists, being in therapy themselves allows them to be in the client role and may gain valuable skills from their more experienced therapists, if that is the case. For example, psychotherapists reported getting an insight into "the role of relevant warmth in therapy, as well as the ability to show warmth" after attending personal therapy themselves (Bike et al., 2009, Macran & Shapiro, 1998, Malikiosi-Loizos, 2013, Norcross et al., 1988, as cited in Moe & Thimm, 2021, p. 20) and how "how essential qualities such as warmth, empathy, transference, countertransference, patience, tolerance, and therapeutic subjectivity were part of psychotherapy" (Norcross et al., 1988, as cited in Moe & Thimm, 2021, p. 17). Participants in the present study highlighted the support from their therapists in developing awareness of burnout and other internal processes.

To note, however, parallel to the research on the influence of supervisors on supervisees' clients, research results on the effect of getting personal therapy on the treatment outcome of clients are ambiguous (Paulsen & Peel, 2013, as cited in Moe & Thimm, 2021). The literature highlights the importance of social support as a self-care strategy, mostly for the benefits of therapists themselves than their clients. However, I would argue that given that therapists use themselves as tools in the therapeutic encounter, as explained by Wosket (2017), the "use of self involves the operationalisation of personal characteristics so that they impact on the client in

such a way as to become potentially significant determinants of the therapeutic process," taking care of themselves would undoubtably benefit their clients: The lack of doing so may create a rupture. Consequently, this would be an ethical concern, rendering the lack of self-care as an ethical concern.

Inadequate Preparation for Entering the Field, Financial Stress and Ethical Practice

Lack of Self-Awareness on the Signs of Burnout and Difficulty Recognizing Internal Cues of Distress and Burnout

There is no wellness without awareness – Lydie Masengo

In addition to the awareness and self-awareness literature previously discussed, participants in the present study reported difficulties noticing internal signs of burnout, not catching on to the internal cues that were emerging for them. For example, they reported throwing hints that they were burning out, which they were only able to know after external sources, such as their supervisor, personal therapist and even boss brought it to their attention. Additionally, one participant even shared that when she noticed the difference between before and when she was engaging in intentional self-care and the way it made her feel, is when she fully realized the extent to which she was burned out. This highlights self-care as imperative and important for self-awareness. A recommendation for counselling and psychotherapy programs and curriculums emerged, which included participants' view that there seems to be a knowledge gap about both burnout and self-care. For burnout, they reported that they wished they could have had candid discussions about the reality of burnout as well as its signs. They wished that they could have discussed not only the positive about the field, but also how difficult it is, as a way to better prepare them for what was to come. Indeed, this desire to have been more prepared reaffirms previous literature that novices tend to sometimes wonder or question whether their

graduate training adequately prepared them for their current work as therapists, which seem to also reaffirm FOI, self-doubt an inadequacy related to their abilities, commonly found in the literature (e.g., Freadling & Foss-Kelly, 2014). They reported an adaptation period that novice psychotherapists go through that is not talked about in a candid, formal way in school. It strikes me as important because I can imagine how this adaptation period may influence a novice's self-esteem, self-image, and self-concept. This is concerning given the greater susceptibility to FOI and self-doubt research has shown. They highlighted that when one is experiencing burnout, they may not know that the self-awareness piece may not be there, but at least previously learning about the signs of burnout may have helped. Their reports of needing outside sources to help them realize that they were burning out is an obvious proof of this.

Self-Care

Furthermore, participants would have liked to also have candid and open discussions about self-care, in practise, rather than surface-level reminders. This is in line with a previous study whose participants reported that their educational programs encouraged self-care in theory but not supported in practice (Chen & Gazzola, 2019). Indeed, one of the current study's participants reported her experience of when she was an intern and her site focused on how much she could do despite not honouring her self-care needs. Another participant reported the distress and ultimate burnout she experienced in her first position in the field, as the organization focused on statistics and as much work she could produce while giving her very minimal time for breaks. Participants seemed to have had this view of putting clients first, and as long as clients were fine, then everything else, including their self-care, would take care of itself, which seems to have backfired.

Financial Stress and Ethical Practice

Another concern that participants highlighted that is not talked about enough is the difficulty in trying to make a comfortable living while providing an ethical practice. As previously mentioned, psychotherapy is within the helping profession. The Merriam-Webster dictionary defines help as "to give assistance or support to (someone): to provide (someone) with something that is useful or necessary in achieving an end" or "to be of use or benefit" (Merriam-Webster, n.d.). The definition of volunteer is "a person who voluntarily undertakes or expresses a willingness to undertake a service" (Merriam-Webster, n.d.). The definition of free is "not costing or charging anything" (Merriam-Webster, n.d.). When someone volunteers, they usually tend to have a sense of responsibility and care to assist others, which seems to be the case for therapists. For example, a study examining the personal strengths and challenges, influences, and motivations of aspiring psychotherapists found that they possess a passion for helping others, believe in the importance of giving back, and reported having had prior experiences in helping activities (Hill et al., 2013). Moreover, personal helping-related strengths like empathy also emerged (Hill et al., 2013). When we think of the word "help," it tends to be one without expecting anything in return, which paying for sessions like in therapy goes against. Thus, it somehow seems like psychotherapists should be providing psychological services for free, as volunteers, which can be a source of stress for novices who may have believed that this work is a calling, a calling to support others psychologically, and they should not put a price tag on their services. A participant in the present study reported that such beliefs set psychotherapists up for failure because they are human first and as a member of society, they need to be able to pay their bills. Discussions about money and fees are still taboo in society and psychologically, but it should not be, given that money is the principle means of exchange in society and being able to

understand it is an integral part of the therapeutic process (Tudo, 1998). Psychotherapists can find themselves suffering financially, but not bring these issues up to colleagues or supervisors because “talking about money is talking dirty” (Tudo, 1998, p. 477). Thus, in not making enough money in a community setting and a significant amount of the money going towards supervision in private practice as reported by participants, novices find themselves having to wonder about providing ethical practice while they are dealing with financial concerns. For example, one participant reported having had a crash course in everything already, including notes being subpoenaed by lawyers for court cases, one of them was a federal court case, requests for notes that she has never seen before, and these are all things she needed guidance for. However, supervision is the price of a session and in many cases, more. Thus, one can find themselves wondering about what to do and how to live. Additionally, the CRPO’s policy on the frequency of clinical supervision states that registered psychotherapists (Qualifying) “shall receive clinical supervision regarding all clinical experience positions… Clinical supervision shall be spread evenly at an approximate ratio of 1 clinical supervision hour for every 4.5 DCC (i.e., direct client contact) hours” and for registered psychotherapists registrants without independent practice “shall receive clinical supervision regarding all clinical experience positions… Clinical supervision shall be spread evenly at an approximate ratio of 1 clinical supervision hour for every 10 DCC hours” and other policies they have to follow (CRPO, 2020, p. 2). However, these are policies that need to be followed, but may be particularly difficult should a psychotherapist want a comfortable financial standard of living. What can be done? One of the participants, for example, reported having to pause certain goals. This field is unique given that practitioners have to constantly balance self-care including setting and reinforcing boundaries while also dealing with financial needs and providing client care that is ethical. Not to mention, for those who work

in private practice, reinforcing that clients pay and having those difficult conversations that may be required is an example of setting and reinforcing one's boundaries. However, not learning how to balance all these things poses a significant ethical concern for not only themselves, but also for the sake of the clients they serve.

For example, it strikes me that this could also be an issue of countertransference. That is, as part of client conceptualization process as part of developing therapeutic treatment, psychotherapists ask about their client's socioeconomic status. Finances can be one of the most significant factors affecting a client. First, if a therapist is going through financial issues themselves, this may activate the therapists' own issues during session. This further highlights the importance of working on one's own issues as therapists, which can be done in personal therapy sessions. Secondly, going back on therapists' desire, which may be innate desire, to help others, if their client is dealing with financial issues, they may possibly be more likely to negotiate fees or not reinforce payment. That is a neglect of their own boundaries, and it can negatively influence their own finances. Indeed, one of the participants who is in private practice reported that she hates implementing the cancelation policy but realized that she needed to put it into place because she was suffering financially.

In their work on the considerations for ethical practice, Acuff and colleagues (1999) reported that one of the recommendations regarding abandonment was that when patients or clients "without financial resources need more treatment, psychologists should attempt to help them find alternative ways to receive the needed treatment" (p. 572), and this may include referring them "to public agencies or self-help groups, develop a deferred or reduced payment plan, schedule sessions less frequently or of shorter duration if clinically appropriate, or use other strategies to ensure access to care" (p. 572). However, a significant issue here is the limited

resources available. In fact, in the Canadian province of Ontario, the Ontario Health Insurance Plan, which pays for a wide range of health care services, does not cover the services provided by psychotherapists, social workers or psychologists (Everwell counselling, n.d). In addition to limited resources, novice psychotherapists, in particular, may not have the extensive knowledge of resources for referrals or for low-cost psychological treatment services than their more experienced counterparts may have in their resource toolbox. It strikes me as interesting that physical health care services are covered, but many mental health care services are not, given that research shows an interlink and interplay between mental health and physical health. This includes "poor mental health is a risk factor for chronic physical conditions," "people with serious mental health conditions are at high risk of experiencing chronic physical conditions," and that "people with chronic physical conditions are at risk of developing poor mental health" (Canadian Mental Health Association, n.d.). Indeed, as Chisholm, the first Director-General of the World Health Organization said, "without mental health there can be no true physical health" (WHO, 1954, as cited in Kolappa et al., 2013). Thus, mental health services should be seen as essential as physical health. Paying for therapy should not be a stressor nor should mental health practitioners deal with the stressor of financial concerns while trying to provide services in an ethical way.

Implications

Implications for Novice Psychotherapists

The results of the present study provide several implications for novice psychotherapists regarding burnout and self-care.

Burnout is Common, but Self-Care Can Help. All participants of the present study reported having experienced burnout, despite their differences in the length of experience,

therapeutic approaches, work settings, and more. In addition to the literature on the commonness of burnout, it seems important to understand that the probability of experiencing burnout appears to be high. Research indicates novices' higher risk to stress and emotional distress that can lead to burnout if not addressed (e.g., Cherniss, 1980; Farber, 1983; Knudsen et al., 2013; Mor Barak et al., 2001; Thériault et al., 2009; Turnipseed, 1998). Thus, it seems imperative that novice psychotherapists start prioritizing their self-care early on in their career, in the hopes of preventing the extent to which the possibility of experiencing burnout may be experienced. The literature indicates that their more experienced counterparts prioritize self-care and engage in behaviours as prevention to any negative effects (e.g., Jennings & Skovholt, 1999; Thériault et al., 2015), which may help to prevent exhaustion and other symptoms of burnout. Participants in the prevent study also reported that there is so much that novices can learn from those who have been in the field for longer. Thus, it may be helpful for novices to take advantage of that. Their impairment can interfere with their ability to use their skills effectively, which can ultimately pose a risk to clients (Lawson et al., 2007), as participants in the present study also reported. This can be in ways like experiencing cynicism and countertransference. Thus, novice psychotherapists may benefit from seeking as much support as possible. As part of their developmental progression, they may experience confusion on their work tasks and demands and question their competence in the position (Kaslow & Rice, 1985), which might present as a barrier to being authentic with their supervisors as a way to have a better evaluation (Solway, 1985). However, all participants of the present study emphasized the importance of having a fit with one's supervisor and feeling comfortable enough to bring issues when they come up rather than sitting with them alone. As such, it may of beneficial for psychotherapists to seek guidance from their supervisors on ways to manage what emerges for them.

Furthermore, having a strong social support has been linked to many benefits such lower levels of perceived stress (Myers et al. 2012, as cited in Posluns & Gall, 2019). In addition to using supervisors as part of the social support system, novice psychotherapists may also use family, friends, and personal therapy as personal supports. Indeed, research found that having not only a lower level of professional but also personal support has been negatively linked to psychological distress (Nelson et al. 2001, as cited in Posluns & Gall, 2019). Moreover, satisfaction with personal support has been linked to ways that would improve one's well-being and possibly the quality of care provided to clients, such as having a greater self-esteem, lower anxiety and depression, psychological adaption, professional functioning, and lower use of avoidance coping (Kuyken et al. 2003, as cited in Posluns & Gall, 2019).

Moreover, participants emphasized the importance of developing a sense of self as both a human and a human who is a therapist and as beautifully put by one of the participants: "because it might be different than you as a human doing something else…So, learn who you are, as a therapist, and as a person, really prioritize the importance of building up your sense of self outside of therapy, too." It may be that one cannot engage in wellness without awareness, so developing one's self-awareness and self-knowledge may be paramount for the self and for the self in the position of psychotherapist.

Implications for Pedagogy and Practice

The results of the present study also provide implications for pedagogy, work and supervisors.

Having Candid Discussions about Burnout and Self-Care. Participants reported the need for candid discussions about burnout as part of their training in school. They felt that they did not know the signs of burnout to look out for. This, perhaps, would have prevented or

reduced the intensity of their experience. For example, participants shared that it took some time until they knew they were burned out, after being told by other people who were worried about them. Some faculty members and supervisors may be worried of the potential effects that having candid discussions can lead to, like creating a fear mindset. Research shows that the emotion of fear is triggered by perceived threat, but burnout is not only a perceived threat but a lived experience for many mental health practitioners. It is possible that being aware of this may lessen the fear and create space for a growth mindset. Thus, having the willingness to discuss the realities of burnout may be beneficial for novices. Additionally, one of the participants shared that her supervisor shared her own experience of burnout. Its positive effects included helping to normalize and validate the participant's experience. Indeed, in their work exploring supervisor self-disclosure and supervisees' experiences and perspective, Knox and colleagues (2011) found that the positive effect of supervisors' self-disclosure included normalization. Additionally, self-disclosure was also used to build rapport and to instruct (Knox et al., 2011). Further insight from this study is also relevant for faculty members, regarding necessary conditions for self-disclosure. First, a "strong, good, collaborative relationship" should be established (p. 450); should be stimulated when supervisee or students are struggling (e.g., give an example of when he/she was struggling and how they successfully coped); use it with the intention to instruct or to normalize; and should be focused on your reactions to your own or supervisees' or students' clients (Knox et al., 2008).

This seems to be similar to the use of SEUS, which includes the ability to use self-disclosure appropriately (CRPO, 2012) to ultimately optimize interactions with clients (CRPO, 2021). The use of self-disclosure in this context should also be done for the benefits of supervisees and students and their clients. Nonetheless, Knox and colleagues (2008) still found

that self-disclosure resulted in significantly positive effects on not only supervisees and the supervision relationship, but also on the supervisors themselves and their supervision of others as well.

Thus, considering these findings, it seems useful for faculty members and supervisors to use self-disclose to share their experiences of burnout. For example, sharing how one realized that he/she was experiencing burnout, the strategies employed to combat burnout, and current preventative measures may provide significant insight to novices. Similarly, I encourage all peers to share their experiences, should they feel comfortable doing so. Based on the participants' reports that hearing their colleagues' experiences helped to also validate and normalize their own, I would encourage peers to share their experiences too. Professors and supervisors may help facilitate this process. For example, they could encourage discussions in class and in group supervision sessions. Research found that engaging in wellness discussions improved wellness and its maintenance even after the termination of wellness-focused supervision (Meany-Walen et al., 2016).

I can see how this could assist in the development of self-awareness and reflection through the identification of stressors. A commentary by Furtado and Marmura (2022) on whether burnout is inevitable in the transition from student to therapists, explains it as follows:

> Self-awareness is one way to recognize emotional exhaustion and prevent burnout. However, early career therapists may often feel overwhelmed by financial, work and/or personal stresses post-graduation, which prevents intentional practices of self-awareness. Identifying stressors can help integrate context into the emotions a therapist may be feeling, and link the stressor and/or emotion to cursory signs of burnout. Therapists who

are self-aware will be more likely to monitor and recognize warning signs of burnout than those who do not.

Additionally, participants also highlighted the importance of formally having the discussions and not dismissing them abruptly. For example, they reported having dismissed the times that their faculty members raised the topic of self-care soon after, not believing what they have been told, although it was not presented in the seriousness of the topic itself. This seems to further highlight the perception that the topic of self-care is paid lip-service and may not be encouraged and reinforced in practice. Grounded on past literature, it may be valuable if professors and supervisors encourage practical self-care behaviours earlier in the career, including help-seeking behaviours. Additionally, it may also be helpful if coordinators of counselling and psychotherapy programs who meet with practicum supervisors relay this same information unto them (i.e., the possibility of having candid discussions about both burnout and self-care) as part of the students' training as psychotherapists-in-training. This may help with the continuity between the classroom and clinical training. I can imagine that when students have very positive, healthy practicum experiences that include discussions and even out-of-practicum self-care activities and plans that supervisors can follow-up on, raise and discuss any unhealthy coping strategies that they may notice in supervisees and students, this might reinforce a greater value for self-care and help develop awareness. Additionally, may help students feel comfortable bringing things up as they emerge rather than going through them by themselves. Thirdly, this might help create a state by which when students complete school, they may have experienced a healthy environment in the classrooms and practicums and when faced with an unhealthy work environment, they may be more likely to advocate for themselves or find one that is more fitting for their needs. That is, also honouring their needs.

This parallels one of the participants' report that there seems to be some baseline assumptions and beliefs in academia that students get: that they are lazy, dishonest, incompetent, and weak. She reported that they find themselves trying everything to prove that they are not those things, sometimes at the expense of their needs. Participants shared that they are humans first. It may be helpful to use a person-centered approach to instructing and guiding students/supervisees. Continued attention for skills training is imperative, however, especially given that novice psychotherapists deal with concerns related to their self-confidence and dealing with FOI and self-doubts about effectiveness is a concern even among experienced practitioners (Thériault et al., 2015). Nonetheless, it may be helpful if professors and supervisors re-examine the elements that may be of the highest support in assisting students/supervisees in their development and replace what could go. For example, could it be beneficial for students to have a full school year worth of skills training class and burnout and self-care discussions and activity workshops instead of supplemental topics that may not be as important? For example, programs should include topics related to prominent critical issues that they might experience as novice psychotherapists, including self-awareness. For example, Edwards and Bess (1998) emphasized that "the development of a therapist's self-awareness must carry at least as much weight in his or her professional education and training as the accumulation of knowledge about theories and methodologies established by the leaders of the profession" (p. 98). This might help during the transitional period from the classroom to practicum and to the workforce.

Thankfully, faculty members and supervisors, as well as employers may not have to worry about a highly time-consuming, costly, challenging and exhaustive implementation process, because research found that wellness-focused supervision can be implemented quickly and at no cost (Meany-Walen et al., 2016). This may be done by incorporating discussions, for

example, as part of the scheduled class time, supervision and/or organization meetings. It may be possible that shifting the approach towards more people or human-centered, focusing on having difficult but helpful discussions, may ultimately improve client care. Additionally, given the ongoing presence of the pandemic and people seeking mental health support, societies may then be equipped with self-cared practitioners and organizations can then face less employee turnover.

Moreover, given the study's results on awareness, it may be helpful for everyone involved in the instruction and regulation of therapists as well as employers (e.g., faculty members, regulating colleges, supervisors, etc.), to reflect on their knowledge and understanding of burnout and self-care and learn how to respond and help their students, supervisees, and employees prevent it. For example, reading literature like this one exploring burnout and self-care may facilitate their familiarization with the constructs. Additionally, they may use measures that asses the dimensions of burnout (i.e., mental and physical exhaustion, cynicism and inefficacy) like the Maslach Burnout Inventory (Maslach & Jackson,1981; Maslach et al., 1997) or one that assess the total level of burnout, its core dimensions and secondary symptoms, like the Burnout Assessment Tool (Chaufeli et al., 2020).

Additionally, given the significance of finances that emerged in the data, it seems like it may be useful for students if faculty members and supervisors could have candid discussions about finances during their training too. This is because participants raised it as important as they navigate finances and ethical practice. Research indicates that the topics that students will need to face once they start practicing, like charging for their services, are only seldom discussed in most education programs and training organizations during graduate school (Koocher & Keith-Spiegel, 2008). When psychotherapists-in-training are doing un-paid practicum, they are seeing clients without needing to bill them or think of any similar issues. However, when they start

working, the topic of finances seems to become important. However, it may be particularly difficult for them without having had prior guidance on this topic. For example, a master's thesis exploring private practitioner's experiences and perceptions of charging in their practice found that they "face tensions by charging a fee" and undergo "a personal journey to feel comfortable charging fees" (Doherty, 2012, p. 43). Doherty recommended adequate preparation through means such as business training and personal development opportunities to help address practitioners' own issues around money. A quote by Freud on money seems to still ring true today. He said: "money matters are treated by civilised people in the same ways as sexual matters, with the same inconsistency, prudishness and hypocrisy" (Freud, 1913, p. 131). It seems like talking about money as it relates to providing psychological services may possibly help prevent any ethical issues that might arise later. This might include having a caseload beyond one's capacity, seeing clients back-to-back, charging clients more than other clients to make if their insurance is paying, to more money.

The World Health Organization shared that the COVID-19 pandemic is triggering a significant increase in mental health issues worldwide (WHO, 2022). This may mean an increase in the demand for mental health service and given the ongoing limited number of pandemic-specific mental health resources available, as well as the ongoing uncertainty of the pandemic, the higher risks for distress and burnout amongst psychotherapists may be expected. Thus, to all faculty members and supervisors assisting current and future practitioners, these findings seem to highlight the importance of addressing these issues. Current novice psychotherapists are the future of the field so it may be postulated that the future of counselling and psychotherapy may rely on the novice psychotherapists' health and well-being.

Implications for Society and Unveiling the Topic of Finances

The findings of the present study seem to have societal implications. First, the results call attention to the common experience of burnout. Given the length of time it took for participants to recognize and accept that they were experiencing a burnout, one may postulate the presence of presenteeism, which may then impact productivity (e.g., Demerouti et al., 2009; Gosselin et al., 2013). Unlike past research indicating that burnout can trigger absenteeism, (e.g., Belita et al., 2013; Borritz et al., 2006), participants in the present study continued seeing clients despite their symptoms of burnout. It took their social supports to help them take time off. However, this seems to concur the research that workers who experienced burnout were those who also were at a higher risk of sickness absences (Salvagioni et al., 2017). For those working in community settings, for example, reduced productivity and payments for sickness benefits are societal implications that might emerge (Borritz et al., 2006) as well as poor staff morale (Gilbody et al., 2006), and increased risk of future disability pension (e.g., Ahola et al., 2009)). This further highlights the importance of managing burnout by ways of prevention, through self-care.

Limitations

The results of the present study should be considered with the following limitations in mind.

Sample Size

The first limitation is the sample size being only four participants. The first reason for this sample size is the limited timeline to complete the present study, which did not allow additional time to recruit participants. Thus, I was not able to continue recruiting until I reached data saturation (i.e., no new emergent themes), which usually requires a minimum of at least 12 participants (e.g., Clarke & Braun, 2013; Guest et al., 2006). Secondly, it may be that given the

ongoing pandemic and increasing mental health concerns in the world, psychotherapists may be particularly busy at this time trying to meet the demand. Interestingly, participants of the present study reported that their busiest months has been at the beginning of the year and the summer, which has largely been the recruitment timeline.

Self-Report, the Use of Retrospection, Self-Selection, and the Desire to Help

The second limitation of the present study is the self-reported nature of participants' experiences. Cognitive biases that accompany self-reported data include social desirability, recall period, sampling approach or selective recall. Participants were asked to recall on their experience of burnout and self-care and the reports included those stemming from a few years ago (e.g., when they were psychotherapists-in-training), which requires a good level of both retrospection and introspection. Introspection can improve self-awareness but given that the study's participants' developing self-awareness, there is only so much information we can get from their current state. Moreover, selection-bias may also play a part in the study's limitation. Participants chose to contact me directly to participate in the study. It may be that those who saw the call to participate and met the eligibility criteria but did not choose to do so may simply not be interested in the topic, too stressed or busy to participate. Alternatively, they may think that their story may not be relevant or interesting enough to share. Given the study's results on self-awareness, it may also be possible that they may simply do not know that they have experienced burnout.

Additional to the motivation behind participation, participants' desire to help were further identified when reporting the reason behind their choice to participate in the study. They also reported that they had a story to tell and wanted to share. They expressed their desire to help others who may be going through similar experiences, may go through similar experiences or use

their stories as a preventative measure against burnout and emphasis on self-care. This, consequently, can be seen as a constraint to the generalization of the results.

No Causation

This was a qualitative study, so no causation can be inferred. That is, the result of the study is not inferring that the lack of self-care causes burnout. The implementation of intentional self-care in combating burnout is based on participants' lived experiences and related opinion and judgement.

Strengths

Small Sample Size, but Varied and Rich Experiences

Despite the small sample size, participants' diversity was a strong strength for this study. For example, they all represented different ages and experiences with different intervention approaches. Furthermore, although three of the participants were in private practice, one of them worked in a group setting. Additionally, two of the four participants worked in a different therapeutic setting (i.e., EAP call centre to private practice and private practice to community setting) prior to working in private practice. Other experiences included single-session and single-session walk-in. These rich experiences, despite participants' novice status, in addition to doing a semi-structured interview addressing only the two constructs of the study, provided rich data with great depth that may have been equivalent or more than data from a short questionnaire of several participants, for example. Participants' experiences were profound and the findings highlight the agony that may be experienced with burnout and brought its seriousness to life.

Transferable Findings

The findings of the present study are transferable for novice psychotherapists who are both in a community practice and mainly in private practice given that most of the

psychotherapists in the present study are in private practice. Additionally, the findings are particularly relevant for those who are registered with the CRPO, who regulate the practice of psychotherapists in the province of Ontario, Canada. Moreover, the intended audience for this study's findings include a wide variety of people, including novice psychotherapists, experienced psychotherapists, faculty members of counselling and psychotherapy programs, mental health agencies, and more. These findings provide high quality representation and are relevant in helping to educate anyone involved in the mental health field about burnout and self-care. These results include factors and symptoms to look out for, including contributing and maintaining factors, the diverse but linked routes to experiencing burnout, how they could manifest in not only professional but also personal life, and the importance of prioritizing the self.

Context-Specific Benefits

Another strength of the present study is its consideration of the COVID-19 pandemic, which has individual, social, and scientific benefits. All participants experienced burnout during the pandemic. It is important to note that even though the COVID-19 pandemic had a significant influence on participants' experience of burnout, it was not the cause of their burnout. The findings of the study have significant implication for the future of the field given the unpredictable and uncertain next stage of the pandemic, thus, the need for accounting for this unpredictability and uncertainty.

Suggestions for Future Research

Future research could replicate the present study but with more participants to reach saturation. They could also recruit participants from various Canadian provinces and/or internationally to further enrich the findings and make it more relevant to a larger scale of psychotherapists. Future research could move beyond the exploratory nature by attempting to

establish a possible causal link between burnout and self-care, by adding objective measures. I would suggest a longitudinal study that can track novice psychotherapists from their journey of being psychotherapists-in-training to qualifying registrants to fully registered and track both their level of self-care and burnout, using multiple avenues such as self-report questionnaires, input from social support others, interviews, and the implementation of physiological measures to track symptoms like heart rate. It would also be neat to explore the possible influence of personal life stressors in professional stressors leading to burnout, given that burnout is a workplace phenomenon, but personal self-care strategies such as personal social supports have been reported as significant in combating burnout and for overall wellbeing. Similarly, future studies could include the use of and ongoing effects of self-care as a coping strategy.

In further examining the effects of burnout and self-care on client care, it would be interesting to explore psychotherapists' therapeutic effectiveness from their client's perspective, before, during, and after burnout. Specifically, given participants' report on growth after the experience, it would be neat to explore whether their clients have noticed a shift in their therapeutic experiences. Moreover, given the ethical consideration on working as a specialist, generalist, or niche provider, future research could explore the differences and trajectory of novice psychotherapists who work with those pursuing psychotherapy for trauma compared to the management of regular life stress, for example. Given the call-to-action message in the present study, I encourage future studies to use these findings and other future findings to develop specific courses, trainings, and models on burnout and self-care for counselling and psychotherapy programs and curriculums, as well as internship sites. This could include ways to discuss gently but candidly about finances, tracking one's well-being related to burnout and self-care, ways to develop self-awareness, and more. To examine the reliability and validity of these

programs, trainings, and models, future research could possibly explore a clinical trial research study approach to implement and analyze whether they combat burnout and the effects of self-care.

Conclusion

Providing therapy as a profession can be rewarding intellectually, help to develop greater understanding of the self, develop genuine relationships with others, evolve professionally and provide personal meaningful and impactful work (Farber et al., 2005). However, the nature of work can lead to significant emotional stress and if unmanaged, can result in burnout (Maslach, 1978), with novices being more susceptible (e.g., Farber & Heifetz, 1981; Turnipseed (1998). The results of the present study provide further evidence of the past literature. Additionally, the findings vividly demonstrate the experience from psychotherapists' first account, including contributing and maintaining factors, the mental, emotional, psychological, and physical symptoms of burnout, their understanding of self-care and its role in relieving stress and symptoms of burnout and improving well-being. Social support emerged as an imperative self-care strategy. The findings also shed a light into ethical considerations that are still considered taboo discussion topics in the field. The findings urge novice psychotherapists to not neglect themselves in their position as therapists. They should attend to their symptoms of burnout for themselves as well as to provide quality care to their clients (Bardhoshi et al., 2019). The study's findings, along with the pandemic's ongoing mental health impacts, can be used as an invitation for mental health service innovation, which includes psychotherapists themselves, counselling and psychotherapy programs, supervisors, and employers alike. Overall, this study informs our understanding of psychotherapists' professional and even personal development and advances burnout and self-care literature.

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Appendix A

Recruitment Text

My name is Lydie Masengo, a Master of Arts Education in Counselling Psychology student at the University of Ottawa. I am doing my master's thesis under the supervision of Dr. Nicola Gazzola, on the effects of burnout and self-care strategies of novice psychotherapists. Burnout refers to the negative effects of prolonged exposure to stress in the workplace (Freudenberger, 1974, 1983) and it is "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed." (Who, 2021). Burnout is characterized by three dimensions (Maslach & Leiter, 2016): mental and physical exhaustion (e.g., wearing out, having loss of energy, feeling depleted, debilitated and fatigued), cynicism (i.e., depersonalization, e.g., negative or inappropriate attitude towards clients, feeling irritable, having a loss of idealism and withdrawal), and inefficacy (i.e., reduced personal accomplishment, e.g., a reduction in productivity or capability, low morale, and an inability to cope). Self-care on the other hand is broadly defined as "the self-initiated behaviour that people choose to incorporate to promote good health and general well-being" (Sherman, 2004, p. 52). More specifically, I am interested in your subjective experience of burnout as a novice psychotherapist, the strategies you have employed to overcome it, and whether these strategies have changed as a result of experiencing burnout. I am not exploring the phenomenon of burnout but the subjective experience of burnout.

Your participation will contribute to the completion of my MA thesis in Counselling Psychology at the University of Ottawa. Inclusion criteria for this study are as follows: you believe you have experienced burnout as defined above along with the three dimensions that characterize it; you have acquired less than five years of counselling experience; you are actively engaged in the practice of psychotherapy; and you have a minimum of a Master's degree in counselling psychology, clinical psychology, or social work. If you believe you fit the criteria and you agree to participate in this study, I will ask you to fill out a demographic questionnaire and participate in a semi-structured interview which will last approximately 60 to 90 minutes of which we will discuss your experience of burnout and self-care. Please note that participation will be on a first-come, first-served basis. The interview will be video recorded and over your preferred video conferencing platform (i.e., Zoom, Microsoft Teams). Rest assured, I will keep any responses that you give confidential and I will alter any identifying information of names and places within the data as needed. You are under no obligation to participate and if you choose to participate, you can withdraw from the study at any time and/or refuse to answer any questions without any consequences. If you are interested, please contact me and I will be delighted to share more details about the study with you.

I look forward to hearing from you. ☺

Appendix B

Consent Form and Letter of Information

A Qualitative Exploration of Burnout and Self-Care among Novice Psychotherapists

Lydie Masengo
Master of Arts Candidate
Counselling Psychology, Faculty of Education
University of Ottawa

Nicola Gazzola, Ph.D.
Thesis Supervisor
Faculty of Education
University of Ottawa

Invitation to Participate: I am invited to participate in a research project conducted by Ms. Lydie Masengo under the supervision of Professor Nicola Gazzola as part of her MA thesis at the University of Ottawa.

Purpose of the Study: I understand that the purpose of the study is to collect information on the experiences of burnout and self-care strategies of novice psychotherapists.

Participation: My participation will consist of answering a short demographics questionnaire and then participating in an interview about my experiences. The time needed for this is approximately 60 to 90 minutes. I understand that the interviews will take place on a video conferencing platform of my choice and at a time that is convenient to me. I am aware that the interview will be video recorded. I understand that the video recording is for transcription purposes only and will not be broadcasted anywhere.

Assessment of risks: My participation in this study entails no foreseeable risks. Experiencing any discomfort is highly unlikely, but if I do, Ms. Lydie Masengo has assured me that she will make every effort to minimize this discomfort. These include the following: fully explaining to me about the purpose of the study and what the interview process will entail; informing me that I can withdraw my consent to participate at any time; by informing me that I can choose to pause the interview and take a break at any time; by doing frequent check-ins throughout the interview process to inquire about how I am feeling and my level of comfort to continue the interview process; by adequately debriefing at the end of the interview and providing me with a list of local resources, walk-in clinics, and national hotlines.

Benefits: By expressing some personal ideas about my experiences with being a novice psychotherapist, I will personally contribute to efforts to fill a gap in understanding novice psychotherapists' unique experiences of burnout and self-care strategies in an effort to avoid depleted caring in the counselling profession and maintaining professional vitality. My personal experience and ideas might help inform any potential positive change in the standard of practice.

Privacy of participants: I have received assurance from Ms. Lydie Masengo that the information I share will remain strictly confidential. My information will be kept confidential and pseudonym will be used to protect my identity. Identifying information of names and places within the data will be altered as needed.

Confidentiality and conservation of data: The data will be used for the purpose of the MA thesis. I have been assured that the video recording and transcripts will be kept in a secure manner at the researcher's home during the research, and upon completion of the project will be stored by Professor Nicola Gazzola for five years. With my permission, the data may also be used as part of the future research work of the student researcher and potential publication. If used as such, all data will also be securely safeguarded by the student researcher and/or her thesis supervisor for a minimum of five years along with the other data collected for the thesis. When all research work is complete, all material data will be shredded and electronic data will be erased.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be destroyed. Due to the nature of the interview discussion, a list of local resources such as distress and crisis lines, walk-in clinics, and national hotlines will be provided if I would like to debrief any further. Additionally, I will be encouraged to seek out help in the community.

Acceptance: I, _____ [*Name of participant)* agree to participate in the above research study conducted by Ms. Lydie Masengo as part of her MA thesis at the Faculty of Education, University of Ottawa under the supervision of Professor Nicola Gazzola.

If I have any questions about the study, I may contact Ms. Lydie Masengo or Professor Nicola Gazzola.

If I have any questions regarding the ethical conduct of this study, I may contact the Office of Research Ethics and Integrity, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5
Tel.: (613) 562-5387
Email: ethics@uottawa.ca

I retain a copy of this consent form for my record.

Participant's name	Signature	Date

Researcher's name	Signature	Date

Appendix C

Demographic Questionnaire (adapted from Antunes-Alves, 2010)

Participant: _____ Code: _____

Date: _____ Time of interview: _____

Place of interview: _____

Interviewer: Lydie Masengo

1) How old are you?
2) What degree(s) do you have in your current field?
    a. What year did you obtain your degree(s)?
3) What is your current professional designation (e.g., membership, licenses, certification)?
    a. Are you a member of a professional college/What regulatory body(ies) do you belong to?
    b. When did you join?
    c. If you do not belong to any professional college/regulatory body(ies), how do you practice (e.g., permit)?

2) How many years have you been a practicing psychotherapist?
3) Is psychotherapy your first career?
    a. If not, what was your previous career?
    d. If you have had a previous career, what led you to change careers?

4) How would you describe your primary site for counselling services?
    a. Community
    b. School
    c. Hospital
    d. Private practice
    f. Multiple sites (please describe (e.g., community and hospital; community, school, and private): _____)
    e. Other (please describe: _____)
5) Relating to the nature of clientele you serve, please list the general reasons for which your clients seek counselling (e.g., anger management, trauma, depression, career, etc.).

6) What is/are your preferred and used theoretical orientation/s (e.g., psychodynamic, person/client-centered, cognitive-behavioural, etc.)

Appendix D

Interview Protocol: Burnout and Self-Care among Novice Psychotherapists

Participant: _____ Code: _____

Date: _____ Time of interview: _____

Place of interview: _____

Interviewer: Lydie Masengo

1) What does a typical day providing psychotherapy involve for you?
2) How many clients do you usually have on your caseload and what types of concerns do they usually present with?
    a. How many clients do you usually see in a day/week/month?
    b. How long do you have to transition between clients and what do you tend to do during that time?
    c. What are typical presenting concerns you treat (e.g., trauma, abuse, academic issues)?
3) If you do not work in private practice, do you have a say in how many clients you see or your workplace decides that for you?
4) How would you describe your therapeutic approach/es?
    a. What is your theoretical framework/model?
    b. What therapeutic techniques do you tend to use and why?
5) What is your knowledge of these?
    a. Is it from your time as a psychotherapist-in-training? Your classes? Conferences? Personal and professional development readings? By attending workshops?
6) From the time you have started your practice as a psychotherapist to now, have you experienced burnout?
    a. How did you know that you were experiencing burnout?
    b. How was that experience for you as a novice (timeline, progression)?
        - What were your thoughts, feelings, and behaviours?
    c. When did they happen?
    d. When did you first notice them?
    e. How often have you experienced them?
7) Can you pinpoint any precipitating factors or triggers (personal and professional) that may have caused your burnout?
    a. Is it the level of difficulty working with your specific treatment population (e.g., youth, seniors, survivors of trauma and abuse, multicultural populations, people with personality issues, clients with learning disabilities)?
    b. How have they manifested in your practice?
8) How have these experiences affected your professional and personal life?
    a. How have they affected your therapeutic alliances with your clients?
        - Did you lose clients in the midst of it?
        - Did you get complaints from clients?

   b. How have they affected the level of care you provided to clients?
   c. In what way? Please explain.
      - Did you find certain theoretical orientations easier to use?
   d. How have they affected your relationship with your supervisor/s and colleagues?
      - Did you get complaints from supervisor/s?
   e. How have they affected your work-life balance?
   f. How have they affected your personal life outside of working hours?
9) How did you approach overcoming those experiences?
   a. What changes did you make?
      - Did you take time off work?
      - Did you reduce your workload?
   b. What role did clinical supervision play? (Did you take it to supervision? If applicable)
      - Do you continue receiving clinical supervision?
      - If yes, how often? (e.g., weekly, bi-weekly, monthly, as needed)
      - Do you find clinical supervision helpful?
        - Could you please expand on it?
      - Are you comfortable talking about burnout with your supervisor?
        - Do you find it helpful?
          - Could you please expand on it?
   c. Is/are there anyone with whom you share your burdens with for burnout purposes? (e.g., consultation group, therapist as a client)
      - Do you find it/them helpful?
        - Could you please expand on it?
10) What does self-care mean to you?
   a. How would you personally define self-care?
11) Have you ever participated in self-care prior to starting your career?
   a. What did you do (e.g., personal counselling, journaling, setting healthy boundaries)?
12) Before you were burned out, what was your self-care regimen?
13) What specific self-care strategies did you implement when experiencing burnout (personal and/or professional)?
   a. At work, home, or both?
   b. If I was observing you, what would your self-care strategies look like (i.e., observable practices)?
      - Could you please give me concrete examples?
   c. When did you start implementing them?
   d. What role did each of them play in helping you overcome burnout?
   e. What self-care strategies were effective/ineffective for you?
   f. How did you learn about these self-care practices (e.g., from your time as a psychotherapist-in-training? Your classes? Conferences? Personal and professional development readings? By attending workshops?)
   g. Have you observed differences between personal and professional self-care?
14) What are the self-care strategies you continue to do now, have stopped doing, or have since been implemented to prevent burnout?
   a. Why these and not others?

15) Have you noticed other colleagues going through similar issues?
    a. What have you observed?
16) What have those experiences with burnout and self-care taught you?
    a. What did you not know prior to starting your psychotherapy practice that you would like others entering the field to know about burnout and self-care?
17) What are your short and long-term personal objectives in this field?
18) What was your motivation to participate in this study?

Appendix E

Certificate of Ethics Approval

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number	S-10-21-6966
Titre du projet / Project Title	A Qualitative Exploration of Burnout and Self-Care among Novice Psychotherapists
Type de projet / Project Type	Thèse de maîtrise / Master's thesis
Statut du projet / Project Status	Approuvé / Approved
Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)	19/01/2022
Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)	18/01/2023

Équipe de recherche / Research Team

Chercheur / Researcher	Affiliation	Role
Lydie MASENGO	Faculté d'éducation / Faculty of Education	Chercheur Principal / Principal Investigator
Nicola GAZZOLA	Faculté d'éducation / Faculty of Education	Superviseur / Supervisor

Conditions spéciales ou commentaires / Special conditions or comments

550, rue Cumberland, pièce 154 550 Cumberland Street, Room 154
Ottawa (Ontario) K1N 6N5 Canada Ottawa, Ontario K1N 6N5 Canada

613-562-5387 • 613-562-5338 • ethique@uOttawa.ca / ethics@uOttawa.ca
www.recherche.uottawa.ca/deontologie | www.recherche.uottawa.ca/ethics

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique desTrois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin dedemander un renouvellement de cette approbation éthique ou afinde fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit êtreretiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout évènement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

University of Ottawa

Office of Research Ethics and Integrity

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement*(2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "SpecialConditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logisticalcomponents of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Germain ZONGO
Responsable d'éthique en recherche / Protocol Officer
Pour/For **Barbara GRAVES** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences sociales ethumanités / Social Sciences and Humanities Research Ethics Board**

550, rue Cumberland, pièce 154 550 Cumberland Street, Room 154
Ottawa (Ontario) K1N 6N5 Canada Ottawa, Ontario K1N 6N5 Canada

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www.recherche.uottawa.ca/deontologie | www.recherche.uottawa.ca/ethics

Appendix F

Thematic Structure

Themes	Categories	Codes
The experience of burnout	Factors contributing to the onset or maintenance of burnout	COVID-19 pandemic as a contributor to burnout
		Lack of knowledge on the signs of burnout
	Mental, emotional, and psychological symptoms of burnout	Limited capacity for service provision
		Negative view of self as therapist
		Heightened emotions, cynicism and countertransference
		Difficulty detaching and disconnecting from work and clients
	Physical symptoms of burnout	Somatic reactions and complaints
		Changes in sleep patterns
		Sickness and anxiety
Strategies employed to combat burnout	Professional strategies in combating burnout	Colleagues as social support
		Supervisors as social support

		Taking time off work
	Personal strategies in combating burnout	Development of self-awareness, mindfulness, self-reflection and being self-compassionate
		Personal therapist as support
		Intentionality and active engagement in creating and finding joy as a building block for healing
		Family and friends as social support
The meaning of self-care	Defining self-care	Self-care as subjective, individualized, and non-linear
	Shifts and changes in perspective as a result of experiencing burnout	Self-care as addition and subtraction
		The need for intentional self-care and setting boundaries
Ethical considerations	Balancing finances and ethical practice	Dealing with financial barriers and difficulty trying to make a living
	Caseload and workload	Learning and honouring one's own capacity
	Specialist, generalist, or niche provider	Treating a variety of presenting issues

Recommendations	Recommendations for students and new graduates in the field	The importance of self-exploration and self-discovery
		The importance of having a community of mental health practitioners
		The experience of burnout is non-linear
		Educational program and curriculum training as baseline for additional training
	Recommendations for counselling and psychotherapy programs and curriculums	Increasing wellbeing promotion and Psychoeducation
Looking ahead	Future in counselling and psychotherapy	The search for balance between fulfillment and sustainability